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WESTERN DISTRICT OF TEXAS
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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF WESTERN TEXAS

UNITED STATES OF AMERICA)

Plaintiff,)

v.)

Case No. 12A-12-CR-210(3)-SS

JOSE TREVINO-MORALES)

Defendant.)

PRO SE MOTION FOR A SENTENCE REDUCTION PURSUANT TO THE FIRST
STEP ACT AND 18 U.S.C. 3582(c)(1)(A) COMPASSIONATE
RELEASE DUE TO EXTRAORDINARY AND COMPELLING REASONS

COMES NOW, Jose Trevino-Morales Defendant, Pro Se, with a motion for a sentence reduction pursuant to the First Step Act and 18 U.S.C. Section 3582(c)(1)(A) due to extraordinary and compelling reasons.

The defendant humbly admits he is not a lawyer and asks the court for a public defender because he is indigent. The defendant admits he is copying a template from another pro se inmate who also submitted a request for a sentence reduction due to ineffective vaccinations, due to more contagious COVID-19 variants, due to "Code Red" conditions at FCI-La Tuna (Category three COVID alert), due to a lack of social distancing and a lack of mask wearing by fellow inmates and staff, due to health issues that the Centers for Disease Control (CDC) state puts people at risk of severe illness or death, and due to the threat of yet another COVID-19 outbreak at FCI-La Tuna.

Especially if a court appointed public defender is not assigned to add a supplement and reply to an expected government response, please liberally construe this pro se motion and allow it to be corrected or amended if needed. Please use the Court's discretion to consider the issues as intended as this motion is likely to be inartfully pleaded.

JURISDICTION

On December 21, 2018, the First Step Act became law. Congress amended 18 U.S.C. Section 3582(c)(1)(A) to provide sentencing judges jurisdiction to consider a defendant's motion for a reduction in sentence. The defendant was denied his written request for a reduction in sentence by the warden (See Exhibit A). Because the Department of Justice agreed that the BOP remedy process is futile, it agreed that the warden's denial is sufficient to proceed in court.

Thus, the Court has jurisdiction and discretion to reduce the term of imprisonment based on Section 3582(c)(1)(A) after consideration of the factors set forth in 18 U.S.C. Section 3553(a) if it finds that:

(i) Extraordinary and compelling reasons warrant such a reduction, and...

(D) Other reasons: Many courts have granted compassionate release due to the threat of severe illness or death if an inmate becomes infected with COVID-19. As this pro se motion will show even the two vaccinations lose effectiveness thus the need for boosters and even after both vaccinations and boosters, the more contagious variants cause reinfection and "breakthrough" cases (those with at least both vaccinations) are causing hospitalizations and deaths.

"Other reasons" also include post-sentencing rehabilitation and sentence disparity. Where the First Step Act made a lot of sentencing changes, many were not retroactive. Courts, in granting sentence reductions, have used their discretion to reduce a sentence using the "other" category because if the defendant were sentenced today for their same crime, their mandatory minimum sentence would be lower.

Under 3553(a), the extraordinary and compelling number of COVID-19 infections (FCI-La Tuna recorded over 80% of their inmates contracting COVID-19) and the impossibility of following the CDC guidelines of social distancing warranted a reduction in sentence. IN the case of any concerns with a risk to the community, courts have ordered "Time-Served" and home confinement with a GPS monitor.

Section 3582(c)(1)(A)(i) does not attempt to define the extraordinary and compelling reasons that might merit compassionate release or even a reduced sentence. Many United States Court of Appeals have addressed the District Court's new authority afforded by the First Step Act. Some specific examples include the following:

1. United States v Brooker 976 F.3d 228 (2nd Cir. 2020)
2. United States v Shkami 933 F.3d 388 (5th Cir. 2021)
3. United States v Jones 980 F.3d 1098 (6th Cir. 2020)
4. United States v Bryant 993 F.3d 797 (9th Cir. 2021)
5. United States v McGee 992 F.3d 1035 (10th Cir. 2021)

"The First Step Act freed district courts to consider the full slate of extraordinary and compelling reasons that an imprisoned person might bring before them in motions for compassionate release. Neither application not 1(D) nor anything else in the now outdated Section 1B1.13 version of the old guidelines limits the district court's discretion." (United States v Brooker, 976 F.3d at 237)

The purpose of the First Step Act was to expand the ability of a sentence reduction based on judicial findings without being restricted to the categories identified by the sentencing commission or the U.S. Bureau of Prisons "prior" to the First Step Act of 2018.

FCI-La Tuna is one of the older federal prisons and inmates are housed in open dorms. In Unit 5, for example, 100 inmates must share three phones that have voice activated log-ins. Inmates remove their masks to talk on the phone and these phones are not disinfected between use. Inmates share the same bathrooms using sinks that are just inches apart. Inmates remove their mask to shave, they remove their mask to brush their teeth, no social distancing. Most men sleep in a four person room (no doors), two bunk beds in a 9' x 12' room. those four men remove their masks to sleep and all four breath the same air without following social distancing. If one inmate contracts COVID-19 all four inmates are exposed. Those with underlying health issues are at risk of severe illness. Two inmates at FCI-LA Tuna died of COVID-19

Courts have ruled that Extraordinary and compelling reasons to warrant an inmate's motion for compassionate release include medical issues noted by the Centers for Disease Control (CDC) when coupled with the risk of a COVID-19 outbreak. See *United States v Wise*, 2020 U.S. Dist LEXIS 90431, 2020 WL 2614816 (D.Md May 22, 2020) where the court noted, "Just last week, the Department of Justice adopted the position that any inmate who suffers from the Chronic conditions associated with severe illness from COVID-19 are eligible for compassionate release." (*Wise*, 2020 WL 2614816 at *7)

Enclosed as Exhibit "B" are copies from the defendant's medical records from the U.S. Bureau of Prisons. If the court orders the government to respond to this motion, they may cite previous case law that states once an inmate becomes infected with COVID-19, he is immune from reinfection. The government may also cite case law that states once an inmate is "fully vaccinated" he is no longer at risk if he contracts COVID-19. If the government follows "current" CDC recommendations and guidelines, if they review "recent" court cases, they will have to also concede that the defendant is at risk even if he previously contracted COVID-19, even if he was "fully vaccinated"

EXAMPLES OF GOVERNMENT RESPONSES

1. *United States v Medlin*, 2020 U.S. Dist LEXIS 124911 (6th Cir. 2020) "Defendant does suffer from [named health issue] which is clearly identified as a risk factor by the CDC. Thus, consistent with current DOJ policy, the government does not contest the defendant's eligibility for being considered for compassionate release in this case because he suffers from a condition identified by the CDC as putting him at higher risk for severe illness."

2. *United States v Brownlee*, 2020 U.S. Dist LEXIS 191915 (E.D. Mich)ct 16, 2020) (quote) "The government concedes that the defendant's obesity and other medical conditions suffice to establish an extraordinary and compelling medical risk..."

3. United State v Patrick, 2021 U.S. Dist LEXIS 9494 (6th Cir. 2021) (quote) "... the government concedes the veracity of the health claims and that the CDC recognizes Patrick's particular illnesses as placing her at an increased risk (DE 625 at 7)." One case cited by the court in United States v Patrick was United States v Coates, 2020 U.S. Dist LEXIS 241540, 2020 WL 7640058, at *5 (E.D. Mich, Dec 23, 2020)(collecting cases and finding hypertension combined with other comorbidities weighs in favor of granting compassionate release)."

4. United States v Russell, 2021 U.S. Dist LEXIS 85597 (4th Cir. 2021) (quote) "Here, the government concedes that Russell's conditions demonstrate an extraordinary and compelling reason for early release." In granting compassionate release, the Court cited the Centers for Disease Control, "The CDC cautions that having [cited health issues] can make you more likely to get severely ill from COVID-19." ID.

5. United States v Daley, 2020 U.S. Dist LEXIS 242692 (N.D. Ohio Dec 28, 2020) (quote) "In this instance, defendant and the government agree that defendant's medical conditions could increase the likelihood of serious illness from COVID-19 and establish extraordinary and compelling circumstances. [] The Centers for Disease Control recognizes that these conditions either increase the risk of severe illness or could [] Currently there are only three positive inmate cases and seven staff cases reported at FCI-Terminal Island. Yet defendant presents evidence that Terminal Island's conditions could lead to another outbreak." This motion and the enclosed exhibits will also present that FCI-LA Tuna is at risk for another COVID-19 outbreak.

6. United States v Mowry, 2021 U.S. Dist LEXIS 14326 (D. Maine, JAn 26, 2021) (quote) "... the government concedes that several of Mr. Mowry's medical conditions constitute extraordinary and compelling reasons that may warrant compassionate release" (See Government response 10)

Conditions at the prison where the defendant is incarcerated also plays an important part in the balancing of the 3553(a) factors and the option of home confinement as a special condition to the inmate's supervised release. In the case of United States v Mowry, the court noted, "Less than two months ago, FCI-Ft Dix was the site of a severe

SARS-COV-2 [COVID] outbreak with 303 inmates and 28 staff testing positive as of November 30. [] Less than one month clear of its last outbreak, FCI-Fort Dix was in the throes of a second [outbreak]. AS of January 13, 2021, the prison was reporting 687 inmate cases and 29 staff cases." ID. Enclosed Exhibit 2 shows the history of the last COVID-19 outbreak at FCI-LA Tuna confirming that www.bop.gov/coronavirus reported 63 inmates with active cases of COVID, 45 staff with active cases of COVID plus 585 "recovered" inmates and 72 "recovered" staff for a total of 117 staff infections and 650 inmate infections out of just 756 inmates. Enclosed as Exhibit 1 is a typed exhibit of the history of COVID at FCI-LA Tuna and support information exposing the inadequate vaccinations and more contagious variants.

As of July 4, 2022, www.bop.gov/coronavirus reported that FCI-LA Tuna had ten (10) staff with active cases of COVID-19 and 126 "recovered" staff members. It only shows 543 "recovered" inmates as many inmates have transferred (First Step Act near release transfer) or have been released to home confinement or to a local halfway house due to First Step Act time credits for positive programming. As of July 4, 2022, the BOP reported 299 inmates have died due to COVID including two from FCI-La Tuna.

The Court in *United States v Mowry* (as in the case at La Tuna) stated,. "... it is apparent that these efforts are insufficient under the circumstances ... this is evidence in support of the defendant because it shows that despite BOP's best efforts, the virus has continued to spread at FCI-Fort Dix." ID.

7. *United State v Telson*, 2020 U.S. Dist LEXIS 181523, 2020 WL 5742624, at *3 (11th Cir. 2020) that stated in granting compassionate release, "Due to the conditions under which inmates live, they are at extreme risk of infection once COVID-19 breaches prison walls."

8. *United States v Edwards*, 2020 U.S. Dist LEXIS 166969 (E.D. Mich Aug 17, 2020) (quote) "The government concedes that Edwards [] has demonstrated extraordinary and compelling reasons for the relief he requests [] because Edwards is a medically vulnerable individual who has served more than half of his prison sentence and is confined at a Bureau of Prisons facility that has done a poor job of limiting

the spread [of COVID-19], the relevant factors favor Edward's position." The court mentioned that he served more than 50% of his sentence but also stated, "... the nature and circumstances of [his] offenses indeed are serious. However, evidence of post-sentencing rehabilitation may plainly be relevant to the history and characteristics of the defendant." (See *Pepper v United States* 562 U.S. 131 S. Ct. 1229 (2011)).

9. *United States v Andrews*, 2021 U.S. Dist LEXIS 135948 (6th Cir. 2021) the court granted compassionate release to an inmate who had a life sentence due to his "at risk" health issues, the COVID pandemic, and his rehabilitative efforts. At the time of his release, his prison had zero inmate COVID cases and just two active cases of COVID among staff. The case shared that the prison "had" 318 inmates and 59 staff that "recovered" from COVID, far less than FCI-La Tuna.

(quote) "Although the defendant is now fully vaccinated he correctly points out that the vaccine does not provide absolute immunity from the virus nor is its protection permanent." ID. The court further opined, "The Court concludes that continued incarceration would not serve the goals of sentencing as set forth in the 3553(a) factors. The defendant humbly asks the court for an individualized assessment and a similar ruling.

10. *United States v Fields*, 2020 U.S. Dist LEXIS 229692 (E.D. Mich Dec 8, 2020) where the court granted compassionate release even though he had a 15 year mandatory minimum sentence. (quote) "The Court finds that Fields' significant amount of incarceration - over nine years - responds sufficiently to the seriousness of this violent offense of conviction, that it promotes respect for the law, and has provided just incarceration for the offense. [] The Court concludes that the defendant's post-sentencing conduct provides evidence that if granted compassionate release and home confinement, defendant would not be a danger to the community."

The court cited *United States v Kincaid*, 805 F.App'x 394, 395-96 (6th Cir. 2020) including Section 3553(a) factors such as the amount

of time a defendant has already served. (quote) "District courts routinely weigh whether a certain amount of time served is sufficient but not greater than necessary to serve 3553(a)'s purposes. [] In this case, defendant has served a significant portion of his 15-year sentence. [] The court finds that his time served plus the COVID-19 situation in his unit and the defendant's medical conditions ... provide compelling reasons for compassionate release."

11. *United States v Budd*, 2021 U.S. Dist LEXIS 12650 (7th Cir. Jan 11, 2021) - In granting compassionate release, the Court stated, "On holistic consideration, the parimony provision of the sentencing statute, which requires that a sentence be sufficient, but not greater than necessary [] this reduction in sentence strikes a balance between the goals of sentencing and recognition that the FCI-Milan facility [also FCI-La Tuna] is not at this time conducive to maintaining defendant's health."

12. *United States v Jones*, 2021 U.S. App LEXIS 29403 (6th Cir. Swpt 2, 2021), Appeal No. 21-1232 where the Appeals Court vacated a denied motion for compassionate release. Again, the defendant is asking for a court appointed public defender. In *United States v Jones*, his lawyer was able to get a doctor to make a declaration that included, "... continued exposure to infectious cases of COVID-19 was more likely in jails and prisons and would likely lead to cases of reinfection in those environments."

When remanding the case back to the District Court, the Appeals Court stated, "Indeed. the CDC has stated that cases of reinfection are more likely in environments involving continued exposure to COVID-19 such as prisons. Indeed, there have already been reports of likely inmate reinfection within the prison system."

13. *Jones v Hill*, 2020 U.S. Dist LEXIS 242242, 2020 WL 7664773, at *3 (N.D. Ga 2020) where the court granted compassionate release and stated, "... presents a significant problem in a prison environment where social distancing is also impracticable."

14. *United States v Rodriguez*, 452 F.Supp. 3d 392, 402 (E.D. Pa 2020) The court in granting compassionate release noted, "that prisons are ill equipped to prevent the spread of COVID-19 and that public health experts recommend containing the virus through measures such as social distancing."

15. *United States v Rae*, 2020 U.S. Dist LEXIS 140201, 2020 WL 4544387, at *3 (E.D. Pa 2020) - Yet another court who granted the request for a reduction in sentence even though there were zero infected inmates at the time. (quote) "... containing the virus through social distancing was true even where the virus has not entered a particular institution because of the possibility of rapid spreading."

16. *United States v Hansen*, 2020 U.S. Dist LEXIS 80494, 2020 WL 2219068, at *2 (7th Cir. 2020), the court in granting compassionate release stated, "... when COVID enters an institution, it is likely to spread more quickly than in the general population due to the difficulty of accomplishing social distancing in a prison environment."

REINFECTION CASES

1. *United States v Jones*, 2021 U.S. App LEXIS 29043 (6th Cir. Sept 23, 2021), Appeal No. 21-1232, the Appeals Court vacated a denied motion for compassionate release for an abuse of discretion. The District Court relied solely on the inmate's previous COVID-19 infection to conclude he failed to establish extraordinary and compelling reasons for compassionate release. With an attorney, Jones had a board certified infectious disease specialist share that he was a high risk of reinfection..

2. *United States v Brownlee*, 2020 U.S. Dist LEXIS 191915 (6th Cir. 2020) (quote) "Notwithstanding that the defendant previously contracted COVID-19 and survived, she remains at a significantly elevated risk from the disease.."

The court in *United States v Brownlee* also stated, "... and no convincing medical evidence yet exists to demonstrate that she has any assurance of protective immunity. The probability of reinfection at the Carswell facility, while perhaps not as extreme as it once was, remains tangible." ID.

3. *United States v Newell*, 2021 U.S. Dist LEXIS 143059 (4th Cir. July 30, 2021) where the court granted compassionate release citing www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html stating, "The risk of reinfection also depends on the likelihood of re-exposure to infectious cases of COVID-19" and that "continued widespread transmission makes it more likely that reinfections will occur." Additionally, "The probability of [COVID] reinfection is expected to increase with time after recovery from initial infection because of waning immunity and the possibility of exposure to virus variants."

4. *United States v Osorio-Perez*, 2021 U.S. Dist LEXIS 148006 (S.D. New York, Aug 6, 2021) where the court granted compassionate release due to his risk of reinfection. (Key quote) "In order to ensure a careful reentry and promote protection of the public [during his transition from prison to the community] the court will impose an additional special supervised release condition of six months home detention."

Enclosed as Exhibits ~~are~~ many examples of "breakthrough" COVID-19 examples where people who previously contracted COVID-19 were and still are reinfected, especially with the more contagious variants.

5. *United States v Williams*, 2022 U.S. Dist LEXIS 61053 (E.D. North Carolina, Apr 1, 2022) (quote) "Although defendant has been vaccinated, breakthrough infections of COVID-19 among fully vaccinated persons remain, particularly with the emergence of variants of the virus." See www.cdc.gov/coronavirus/2019-ncov/variants/about-variants.html.

INEFFECTIVE VACCINATIONS

1. United States v Smith, 2021 U.S. Dist LEXIS 90076 (9th Cir. May 11, 2021) - the court granted compassionate release on his 100 month robbery sentence and 20-year sentence for firearms. The court felt the defendant showed extraordinary and compelling reasons because of his risk in living in a congregate living facility "in which inmates and staff cannot consistently maintain safe physical distances" and showed his "health conditions put them at an increased risk of severe COVID-19..."

In granting compassionate release, the court opined, "But a greater number of courts have been more circumspect, adopting what amounts to a rebuttable presumption that a vaccinated person is not at a great risk of severe disease. [] Not all courts have approached vaccine uncertainties this way. At least two district courts have granted compassionate release to defendants who were fully vaccinated, resolving uncertainties about vaccine effectiveness against the government." ID.

In balancing the 3553(a) factors, a sentence reduction was granted due to the length of time he already served and his post-sentencing rehabilitation. plus sentencing disparity, the "other" reasons.

2. United States v Herring, 2020 U.S. Dist LEXIS 220299 (6th Cir. 2020) where the court granted compassionate release stating his medical conditions were serious enough to warrant release. The court cited United States v Atwi, 455 F. supp. 3d 426 (6th Cir. 2020) that stated, "... the medical community regularly makes new discoveries that impact courts' compassionate release analysis [] many district courts have acknowledged our evolving understanding of the disease and have incorporated information, such as medical studies or newspaper reports, in order to inform their opinions. See e.g. Atwi, 455 F.Supp. 3d at 431." Please carefully review enclosed Exhibit 1 for current examples. (quote) "There is no doubt that the dangers of [COVID] are exacerbated by the prison environment" ATWI at 430.

3. United States v Moe, 2021 U.S. Dist LEXIS 218995 (D. New Jersey Nov 12, 2021) - When granting compassionate release, the court cited United States v Hannigan, 2021 U.S. Dist LEXIS 77967, 2021 WL 1599707 (E.D. Pa Apr 22, 2021) at WL1599707, *5 "... the COVID-19 situation is always changing and that it is unclear how emerging COVID-19 variants will alter vaccine efficacy over time." (See Exhibit 1) Many case law noted in the expected government response will be rulings prior to the Omicron variants. True, only 9 out of 1,000 cases result in death but Omicron is more contagious and not stopped by the two shot vaccines. More people are contracting COVID thus more people are dying from COVID.

On July 6, 2022, the U.S. Bureau of Prisons reported two more inmate deaths due to COVID-19, one in USP Tucson and the other at the Medium facility at Yazoo City. Both men were reported as "recovered" from COVID yet died. The BOP reports that 319 inmates have died due to COVID since the pandemic started.

Many of the cases that previously denied motions for compassionate release because the inmate was vaccinated failed to review the CDC study at FCI-Texarkana in Texas after a nasty COVID outbreak there. The CDC reported in September of 2021 that 70% of the inmates there who had both vaccinations contracted COVID. Worse, the study also reported that inmates that had their last vaccination more than four months ago had an 89% infection rating as the vaccines wane over time. Because the BOP cannot provide social distancing, only 11% of the inmates with both vaccines after 4 months failed to contract COVID-19.

The court in United States v Moe also cited United States v Sawyer 2021 U.S. Dist LEXIS 137236, 2021 WL 3051985, at *2 (E.D. North Carolina, June 15, 2021) ("... warning that the COVID-19 vaccine may not be effective, or is less effective, on individuals with obesity"). The court ruled Moe had extraordinary and compelling reasons that warrant a sentence reduction.

4. United States v Mathews, 2021 U.S. Dist LEXIS 165219 (E.D. Cal. Aug 31, 2021) - The court granted Mathews a public defender who was able to get a declaration from Dr. Mazin Abdelghany (quote) "... other district courts had acknowledged that new and more dangerous variants might emerge..." In granting compassionate release, the court cited United States v Sherrod, 2021 WL 3473236 (E.D. Mich, Aug 6, 2021) at *5, "District judges are not epidemiologists." Dr. Abdelghany's assess of BMI (body mass index) risks aligns with that of many district courts. In granting compassionate release the court cited the CDC, "The risk of severe COVID-19 illness increases sharply with elevated BMI"

HOME CONFINEMENT CASES

In considering this pro se motion for compassionate release, one option the court has is to reduce the sentence to time served and then add a period of home detention (so the inmate can practice social distancing) as a special condition of his supervised release for as much time as his reduction or until the U.S. Probation Officer feels home confinement is no longer necessary.

1. United States v Cantu, 2019 U.S. Dist LEXIS 100923 (S.D. Texas June 17, 2019) one of the earlier reductions to home confinement. (quote) "The Government has filed two motions asserting that it is not opposed to Mr. Cantu spending the remainder of his term of imprisonment in home confinement." The court found that he had extraordinary and compelling reasons to warrant a reduction and based on the 3553(a) factors also found that "Mr. Cantu does not pose a danger to any other person or the community."

2. United States v Edwards, 2020 U.S. Dist LEXIS 166969 (6th Cir. 2020) - The court granted compassionate release stating, "The COVID-19 virus is highly infectious and can be transmitted easily from person to person. COVID-19 fatality rates increase with age and underlying health conditions [] CDC recommends ... physical distancing..."

United States v Edwards ruled, "... and the Court is authorized to extend that term [supervised release] by an amount 'that does not exceed the unserved portion of the original term of imprisonment'. (18 U.S.C. Section 3582(c)(1)(A)) That extended portion can be served in home confinement [] Edwards is not a danger to the safety of any other person or to the community ... Although the crimes here were serious and involved the possession of drugs and guns, they did not involve violence."

In granting compassionate release, the court cited United States v Ortiz, 2020 U.S. Dist LEXIS 119004, 2020 WL 3640582, at *2 (S.D. New York, 2020)("The crowded nature of federal detention centers presents an outsize risk that the COVID-19 contagion, once it gains entry will spread." Also, "As the government acknowledges, despite extensive measures to prevent transmission, more federal inmates will inevitably contract COVID-19 going forward." This has proven true, especially at FCI-La Tuna.

3. United States v Campagna, 2020 U.S. Dist LEXIS 54401, 2020 WL 1489829, at *1 (finding home detention was a substitute for imprisonment satisfying the 3553(a) factors).

4. United States v Spencer, 2020 U.S. App LEXIS 28051 (6th Cir. 2020), the Appeals Court ruled that a district court "can impose a term of supervised release equal to the unserved time and order, as a condition of that supervised release, that the defendant be confined to his home."

5. United States v Alam, 2020 U.S. Dist LEXIS 130118 (6th Cir. 2020) - The court granted "time served" and imposed a new term of supervised release equal to the remaining sentence. Alam was confined to his residence as a condition of his new term of supervised release. (quote) "... Alam shall be restricted to his residence [] under such restrictions as the probation department deems necessary... the probation department will notify the court to determine if the location monitoring program [GPS] and home confinement needs to be continued."

6. Jones v United States, 2021 U.S. Dist LEXIS 178369 (6th Cir. 2021) - The court granted compassionate release and modified his supervised release to add home confinement. The court cited Miller v United States 453 F.Supp. 3d 1062, 1065 (6th Cir. 2020) and United States v Amarrah 458 F.Supp. 3d 611 (6th Cir. 2020) plus United States v Mattice, 2020 U.S. App LEXIS 31870, 2020 WL 7587155, at *2 (6th Cir. 2020)

UNVACCINATED RELEASE

Many courts have denied pro se motions for compassionate release just because an inmate refused to get vaccinated. Some refuse to get vaccinated on religious grounds, some are worried about potential side effects, other refuse because they know the vaccines are ineffective. AS in FCI Texarkana, 89% of the inmates who had their vaccine more than four months ago tested positive for the COVID variant.

Please review United States v Davila, 2022 U.S. Dist LEXIS 19161 (District of Kansas, Feb 2, 2022). The court originally sentenced him to 360 months and then reduced it to 292 months based on Amendment 782 prior to granting compassionate release. Davila was an inmate at FCI-Seagoville that had a similar COVID outbreak in January of 2022 to the outbreak at FCI-La Tuna. "AS of January 31, 2022, 1079 inmates and 94 staff members at FCI-Seagoville had tested positive for [COVID] Seven inmates at the facility have died from COVID-19. Some 931 of the remaining 1072 inmates and 75 of the 94 staff members who tested positive have recovered." La Tuna had more staff with COVID and about the same percentage of infected inmates.

"Even so, the government argues that because defendant recovered from COVID in June of 2020 and he refuses to be vaccinated, his medical condition does not establish extraordinary and compelling reasons for release." In granting compassionate release, the court did not agree with the government.

QQuote) "The government argues that after balancing the Section 3553(a) factors, the court should deny release. Defendant committed a significant drug trafficking offense and has a history of criminal offenses." The court stated, "In light of defendant's current medical condition, the COVID-19 pandemic, his remarkable rehabilitative efforts and the applicable factors under 18 U.S.C. 3553(a), the Court finds that a sentence of time served with a special term of supervised release including home confinement of three months is sufficient but not greater than necessary to reflect the seriousness of the offense, afford adequate deterrence, protect the public, and provide defendant needed treatment..." ID.

FULLY VACCINATED RELEASES

1. United states v Agnant, 2022 U.S. Dist LEXIS 73837 (D. maryland Apr 22, 2022) - The court granted compassionate release even though Agnant had a 120 month drug sentnece and even though he was fully vaccinated. (quote) "This Court has determined that a heightened susceptibility to COVID-19 may present extraordinary and compelling reasons for a sentence reduction. [] Likewise, although he has been fully vaccinated against COVID-19, 'the fact of vaccination does not defeat every underlying health condition that might otherwise render a an individualeligible for compassionate release.'" See United States v Moore 2022 U.S. Dist LEXIS 7632, 2022 WL 137865, at *13 (D. Md. Jan 14, 2022).

Noteworthy: "The risks posed by these medical conditions are compounded by the conditions at FCI-Fairton. At the present time, FCI-Fairton is operating at Operation Level 3 [Code Red], a set of infection prevention procedures that are imposed when [] community transmission rate is more than 100 per 100,000 over the last seven days... A Level 3 designation requires the facility to make intense modifications to its operating procedures to mitigate the risk and spread of COVID-19. Since the onset of the pandemic, 230 inmates and 126 correctional staff at FCI-Fairton have contracted COVID-19 and subsequently recovered." See Exhibit 2.

Also in *United States v Agnant* the court discussed 18 U.S.C. 3553 factors. (quote) "Even if Agnant's susceptibility to COVID-19 constitutes an extraordinary and compelling circumstance, this Court must make an individualized assessment under 18 U.S.C. 18 3553(a) to determine his eligibility for release. [] His criminal history reflects four prior convictions, a 2000 conviction for driving under the influence, a 2001 drug conviction, a 2004 firearm possession conviction, and a 2004 involuntary manslaughter conviction in the District of Columbia ||See PSR ECF No. 168, 8-10)."

Because Agnant served a significant amount of his sentence, the court felt it reflected that it showed the seriousness of the offense and promoted respect for the law. Even the BOP classified him to be a low risk for recidivism. "As Agnant has served has taken advantage of programming and has a stable release plan, this Court finds that a reduction in his sentence is appropriate."

2. *United States v Crowe*, 2022 U.S. Dist LEXIS 66531 (W.D. Virginia Apr 11, 2022) - The court gave him a 120 month sentence due to his previous criminal history even though he was fully vaccinated. Quote: "But Crowe has been incarcerated for more than seven years now and has incurred no disciplinary infractions during that time. That suggests that he is finally willing to follow the rules and does not currently pose a threat to the public. [] Balancing all of these factors, I find that a reduction is warranted [] in light of his lengthy and serious criminal history, I find it appropriate that Crowe serve an additional period of home confinement upon release." ID.

3. *UNITED STATES V BARRAGAN* 2022 U.S. Dist LEXIS 33844 W.D. North Carolina, Feb 25, 2022) - The court gave him a 352 month sentence for drugs and firearms ||later reduced to 295 months yet granted compassionate release. "Even if a defendant shows extraordinary and compelling reasons, a trial court must still make an individualized assessment ... comprising a full consideration of the individual's circumstances." [] the length of the sentence that he has already served, and the institutional records and rehabilitative steps taken by each defendant while incarcerated||."

The court in *United States v Barragan* stated, "It is true that Barragan's risk from COVID-19 is significantly decreased by vaccination. However, the durability of vaccine protection is presently unknown. ... Scientists are continuing to monitor how long COVID-19 protection lasts. Recent studies show that protection against the virus may decrease over time." In granting home confinement, the court cited *United States v Webb*, 5 F.4th 495, 499 (4th Cir. 2021) (recording that a strong family structure was among the district court's reasons for reducing a sentence under the First Step Act)."

See Exhibit "C" for the defendant's release plan, where he will live if granted immediate release or home confinement, job options, and friends and family to support his reentry.

4. *United States v Robertson*, 2022 U.S. Dist LEXIS 19336 (S.D. Iowa, Feb 1, 2022) - The court granted compassionate release even though his sentence was enhanced for prior drug offenses and a firearm charge. "The Government argues that defendant's motion should be denied because: 1) Defendant is vaccinated against the virus that causes COVID-19; 2) he does not have any health concerns to qualify for compassionate release; 3) there are no extraordinary and compelling reasons for his release; and 4) his disciplinary infractions cast doubt on the defendant's claimed rehabilitation. [] The Government appears to concede that defendant faces a sentencing disparity."

The court did not agree. "True enough defendant is vaccinated, but that does not preclude release because the record does not reflect whether he has received a booster dose of the COVID-19 vaccine to further protect against a breakthrough infection. Scientific studies show breakthrough infections are common..." See Exhibit 1.

In balancing the 3553(a) factors, the court states, "Incarceration is not the only kind of sentence available and there are other ways to achieve the same public protection (3553(a)(3)) ... defendant always faces the harsh consequences that await if he violates the conditions attached to his release. [] the 3553(a) factors strongly weigh in favor of his compassionate release ... the court concludes defendant's early release is justified." ID.

5. United States v Williams, 2022 U.S. Dist LEXIS 61053 (E.D. North Carolina, Apr 1, 2022) - The court sentenced him to 180 months for drugs and a firearm yet granted compassionate release. Quote: "In response, the government contends defendnat has not demonstrated his medical condition is suffieciently extraordinary and compelling to warrant a reduction and any risk he might have due to COVID-19 is minimized because he has been vaccinated." The court did not agree.

"Although defendant has been vaccinated, breakthrough infections of COVID-19 amoung fully vaccinated persons remain, particularly with the emergence of variants of the virus. [] Considering the circumstances, the court concludes defendant has shown extraordinary and compelling reasons to warrant consideration of the applicable 3553(a) factors. Prior to the instant offenses, defendant had been convicted of five felonies, including ones involving controlled substances and the use of firearms...." The BOP had his PATTERN risk score as low suggesting he has a lower risk of recidivism. "Upon release, defendant plans to initially reside with his sister ... obtain employment, renew his driver's license and attend community college. His family and a friend support his release. The COurt concludes reducing defendant's term of imprisonment to time served satisfies the goals of sentencing, including reflecting the seriousness of the offenses and imposing sufficient punishment." ID.

5. United States v Oruche, 2022 U.S. Dist LEXIS 18257 (S.D. New York, Feb 1, 2022) Quote: "Oruche is fully vaccinated against COVID-19 ... Courts in this district have generally found that the vaccine provides significant protection against serious illness or death... However, the bulk of those decisions pre-date the emergency and rapid transmission of the Omicron variant. [] a number of courts in this district have recently granted compassionate release to defendants with co-morbidities on the ground that the 'wildly contagious Omicron variant' constitutes an extraordinary and compelling reason to grant requested releif." See United States v Rose 2022 U.S. Dist LEXIS 706, (S.D. N.Y. Jan 3, 2022) and United States v Brunetti, 2022 U.S. Dist LEXIS 4604, 2022 WL 92753, at *4 (S.D. New York, Jan 10, 2022).

6. United States v Smith, 2021 U.S. Dist LEXIS 90076 (9th Cir. 2021) - The court granted compassionate release after researching risks when vaccinated. "Second, judges cannot evaluate the risks of severe disease to a particular person, vaccinated or not, without reliable evidence. District Courts do not rely on guesswork and cannot perform their own medical research ... That is why so many federal district courts, including this court, have relied so heavily ... on information published by public health authorities such as the U.S. Centers for Disease Control and Prevention."

In granting compassionate release, the court cited recent data showing that the threat of severe illness or death from COVID-19, while diminished, is nevertheless real. See Exhibit 1. The court balanced the 3553(a) factors including sentencing disparity and the defendant's post-sentencing rehabilitation and granted compassionate release.

POST SENTENCING REHABILITATION

1. United States v Watson, 2022 U.S. Dist LEXIS 70161 (10th Cir. Apr 15, 2022) "Post-sentencing rehabilitation may also critically inform a sentencing judge's overarching duty under 3553(a) to impose a sentence sufficient, but not greater than necessary to comply with the sentencing purposes set forth in 3553(a)(2)." See Pepper v United States 562 U.S. 131 S. Ct. 1229 (2011) at 1242.

Quote: "Considering Watson's lengthy sentence and serious health conditions combined with his significant efforts at rehabilitation, the Court finds extraordinary and compelling circumstances which form the basis for relief." ID.

2. United States v Howze, 2022 U.S. Dist LEXIS 40973 (11th Cir. Mar 8, 2022) - The court granted compassionate release even though he had 10 years left on his sentence. "While incarcerated, defendant has taken numerous courses ...]] given his age, his demonstrated effort, his desire to better himself, and his good behavior, the court is persuaded that defendant does not pose a danger to any other person or to the community."

3. United States v Lugo, 2022 U.S. Dist LEXIS 43458 (E.D. New York, Mar 4, 2022) - The Court granted compassionate release because, "... between 2012 and early 2021, he completed over 80 programs on a wide variety of subjects..." Post-sentencing rehabilitation balanced the 3553(a) factors that weighed in favor of a reduction. Mr. Lugo was released from USP Allenwood even though zero inmates currently had COVID-19. USP Allenwood had a similar COVID outbreak in early 2022, natural immunity lasts 4 - 6 months. QUote: "By March 7, 2022, no inmates or staff members were infected [FCI-La Tuna has 10 staff infected as of July 1, 2022] On that same date, however, USP Allenwood was operating at a COVID-19 operation level 3, the most severe operation level..." FCI-La Tuna is also operating on Operation Level 3.

4. United States v DeJesus, 2022 U.S. Dist LEXIS 71936 (S.D. New York, Apr 19, 2022) - The court granted compassionate release after the balancing of the 3553(a) factors and after making an individualized assessment. Quote: "While rehabilitation standing alone cannot constitute an extraordinary and compelling reasons warranting a sentence reduction, courts may consider rehabilitation as part of the analysis. [] DeJesus' history and characteristics do counsel in favor of compassion." The defendant humbly prays the court agrees.

The defendant humbly asks the court to review ~~Miller v. United States~~, 2020 WL 1814084, at *4 (E.D. Mich, 2020) - the court looked at the individual defendant's characteristics, his underlying health conditions and the situation at the defendant's place of incarceration. In United States v Medlin, 2020 U.S. Dist LEXIS 124911 (6th Cir. 2020) quote: "Defendant does suffer from [CDC noted health issue] which is clearly identified as a risk factor by the CDC. Thus, consistent with current DOJ policy, the government does not contest the defendant's eligibility for being considered for compassionate release in this case because he suffers from a condition identified by the CDC as putting him at higher risk for severe illness."

This motion will list as exhibits the medical issues of the defendant in Exhibit "B".

OBESITY CASES

1. UNITED STATES v Sarkisyan, 2020 U.S. Dist LEXIS 88082, 2020 WL 2542932, at *2 (9th Cir. 2020) - The court granted compassionate release "finding that obesity, in combination with other underlying medical conditions, rendered defendant 'uniquely vulnerable to serious illness if he contracts COVID-19'" See United States v Trent, 2020 U.S. Dist Lexis 62790, 2020 WL 1812242, at *1 (9th Cir. 2020).

The CDC has warned that individuals who suffer from obesity are at a higher risk of becoming severely ill and dying from COVID-19. See www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html the CDC defines obesity as "a body mass index [BMI] of 30 or above."

2. United States v Barber, 2020 WL 2404679 (9th Cir. 2020) - The court granted compassionate release on his drug sentence enhanced by a firearm. One of his underlying health issues was obesity. The court also considered the length of time already spent in prison, the current characteristics of the defendant, along with the conditions of home confinement "adequately express the seriousness of the offense, deters criminal conduct, and adequately protects the public under 3553(a).

3. United States v Israel, 2020 U.S. Dist LEXIS 137103 (11th Cir. 2020) - The court sentenced Mr. Israel to 500 months yet granted him compassionate release with an "out" date of November 26, 2030 due to his "at risk" health issues of obesity, hypertension, high cholesterol and pneumonia. The court granted "time served" with a special condition of supervised release - an extra 12 months of home confinement.

4. United States v Beam, 2020 U.S. Dist LEXIS 233265 (7th Cir. 2020) - The court gave Beam a 168 month sentence for her drug offenses yet granted compassionate release after just 26 months. One of her underlying health issues was obesity. Quote: "... further imprisonment is not necessary to deter future criminal conduct. [] Ms. Beam will know that if she violates the conditions that will govern her lengthy term of supervision, she will return to prison."

5. United States v Gonzalez, 2021 U.S. Dist LEXIS 2105 (Southern District of California, Jan 5, 2022), Judge Gonzalo P. Curiel granted compassionate release due to medical issues that included obesity, acid reflux, and elevated blood pressure. The court cited the CDC that obesity is a factor "to heighten the risk of severe injury for those who contract COVID-19." The court also considered, "The CDC now lists obesity, or having a BMI of 30 or above, as one of the conditions with the strongest and most consistent evidence of association with severe illness from COVID-19."

One of many cases cited by Judge Curiel was United States v Richardson, 2020 U.S. Dist LEXIS 108043, 2020 WL 3402410, at *3 (9th Cir. 2020)(This court finds that hypertension or obesity alone, regardless of age, place a defendant at higher risk of COVID-19 complications."

Noteworthy: "Although the Government contended that USP Atwater had no active cases among inmates at the time it filed its opposition, experience has shown that congregate environments can erupt into super-spreader situations almost overnight." Also, "If he is released, Gonzalez would return to live with family [] which would allow the court to impose a term of home confinement." (See Exhibit "C")

Quote: "Ultimately, the Court finds that Gonzalez's obesity puts him at increased risk of severe illness should he contract COVID-19. The Court will reduce the sentence to time served and modify the conditions of supervised release to provide home incarceration at the residence of Gonzalez's sister in Spring Valley." The court stated 18 months of home confinement.

6. United States v Bass, 2021 U.S. Dist LEXIS 11719 (6th Cir. 2021) The court granted compassionate release due to the underlying health issues of obesity, hypertension, and pre-diabetes. He was released from FCI-McKean who only had 46% COVID-19 infection at the time vs. over 80% infection (and two deaths) at FCI-LA Tuna. Bass originally had a life sentence yet was granted compassionate release.

7. United States v Sanders, 2021 U.S. Dist LEXIS 1241 (9th Cir. 2021) - The court granted compassionate release due to obesity (over 30 BMI) and high blood pressure. In granting a reduction, the court cited United States v Terraciano, 2020 U.S. Dist LEXIS 183414, 2020 WL 5878284, at *4 (9th Cir. 2020) ("The court found a BMI at the borderline between value that doctors consider overweight and obese may still show extraordinary and compelling reasons to grant request under 3582(c)").

8. United States v BEst, 2021 U.S. Dist LEXIS 105069 (10th Cir. 2021) - The court sentenced Best to 216 months yet granted him compassionate release even though his "out" date was in 2033. Her underlying health issues were obesity and a history of smoking. It was Chief Judge Julie A Robinson, District of Kansas who balanced the 3553(a) factors, "The COurt finds that reducing Best's sentence to time served, when combined with an additional term of supervised release under the condition of home detention, is sufficient, but not greater than necessary, to reflect the seriousness of the offense, provide just punishment, afford adequate deterrence, and protect the public."

9. United States v Garcia, 2021 U.S. Dist LEXIS 14163 (10th Cir. 2021). If the defendant is granted a public defender, he or she could also get and expert to make a declaration and find local circuit cases that also were granted compassionate release. Quote: "Dr. Bren reported on the increased risk or severe health issues due, in part, to obesity and his history of smoking." Compassionate release granted.

10. United States v Harris, 2022 U.S. App LEXIS 5823 (4th Cir. Mar 4, 2022) Appeal No. 21-6781 where the appeals court vacated a denied motion for compassionate release. The court agreed that the combination of the COVID-19 pandemic (particularly within the context of his prison environment), his obesity, and his rehabilitation did demonstrate extraordinary and compelling reasons. The defendant hopes the court will grant compassionate release prior to the expected fall (or winter) outbreak like last year, where the entire facility at FCI-La Tuna went on 100% lockdown during the huge pandemic. Spending 24 hours per day in a four man cell with meals brought in is hard time.

11. United States v Young, 2021 U.S. Dist LEXIS 94690 (10th Cir. 2021) - The court sentenced Young to 240 months (drugs + firearms) plus he was listed as an organizer yet was granted compassionate release due to obesity, hypertension, and pre-diabetes plus other medical issues. His release date was 12/29/27. The court reduced his sentence finding that a "reduced sentence [] is sufficient, but not greater than necessary" and "the government concedes that he does not appear to pose a danger upon society."

12. United States v Conner, 2020 U.S. Dist LEXIS 99939 (N.D. Iowa 2020) - The court granted compassionate release on his 240 month drug sentence due to obesity, hypertension and tobacco use.

13. United States v Tran, 2021 U.S. Dist LEXIS 20742 (9th Cir. 2021) - The court granted compassionate release citing one health issue of his BMI of 27.5 indicating he was overweight. See www.cdc.gov/obesity/adult/defining.html. The court acknowledges that, in combination, defendant's health conditions make him more vulnerable to serious complications from COVID-19..."

14. United States v Cabrera, 2022 U.S. Dist LEXIS 4148 (5th Cir. 2022) - The court granted compassionate release on a sentence of 240 months (meth) that was enhanced by a previous drug case yet still granted compassionate release. During his incarceration he had zero incident reports and "suffers from a variety of medical conditions, including obesity, diabetes, and high blood pressure..." Another key was the First Step Act. If sentenced today for the same offense, he would have faced much lower statutory minimum time and a likely lower sentence. Sentence disparity is a reason in the "other" category as many of the lower mandatory minimum sentences are not retroactive.

15. United States v Morris, 2022 U.S. Dist LEXIS 78409 (E.D. Virginia, April 29, 2022). The court cited United States v McCoy, 981 F.3d at 286-88 (explaining that the relief [] is open ended and intended [] to include situations where Congress chose not to make a reduced punishment categorically retroactive..." Sentence disparity.

PROSTRATE CASES

Please review medical exhibit B-35, the defendant is taking the medication Tamsulosin for his prostate issues. If the defendant is not granted compassionate release, it is very possible he will need to deal with prostate cancer prior to his scheduled "out" date. When he was sentenced, Mr. Trevino was not given a death sentence. Please review the enclosed cases where defendants with prostate issues were granted compassionate release.

United State v Ennis, 2020 U.S. Dist LEXIS 84957 (Western District Texas, 2020) - the court granted compassionate release. QUOTE: "BOP concedes that the population density of prisons creates a risk of infection and transmission for inmates and staff. [] there is a high risk that Defendant will be exposed to COVID-19 while in the prison environment. Thus the risk posed by COVID-19 in connection with defendant's health conditions lead the Court to conclude that Defendant's deterioration of physical health due to the aging process is particularly severe, and warrants relief."

In granting compassionate release, the court cited United States v Cantu-Rivera, 2019 U.S. Dist LEXIS 105271, 2019 WL 2578272, at *1 (S.D. Texas, 2019) where the court granted a reduced sentence due to his prostate condition.

United States v McPeck, 2022 U.S. Dist LEXIS 24824 (N.D. Iowa, Feb 11, 2022) - The court granted compassionate release. Quote: "On January 14, 2021, the BOP took a sample of McPeck's blood that showed he had an elevated prostate specific antigen 1 (PSA) level." Johns Hopkins Medicine explains that early warning signs of prostate cancer are rare, "He was diagnosed with an unspecified disorder of the prostate and scheduled for an offsite specialist urology appointment..."

Another reason to grant immediate release is so the defendant can seek outside medical treatment for his many health related issues and do so while practicing social distancing. (quote) "A second issue is the delay in treatment. Other courts have found that BOP delays in treatment of serious disorders can constitute or contribute to finding extraordinary and compelling circumstances."

LATENT TUBERCULOSIS

United States v Soto, 2021 U.S. Dist LEXIS 34272 (6th Cir. 2021)
 The court granted compassionate release due to obesity and latent TB (Tuberculosis). See Exhibit B-28, even the U.S. Marshal's were concerned about the defendant's TB. Quote: "In addition, Soto has latent tuberculosis (TB). A person with latent TB, a disease that affects the lungs, has been infected by the TB bacteria but is inactive. [] Soto's latent TB could increase his risk of contracting COVID-19 and experiencing more severe symptoms. [] Courts have also found that latent TB increases a person's risk of severe illness from COVID-19 and may be a particularly dangerous condition to have in prison, given that COVID-19 also targets the lungs." See United States v Watkins, 2020 U.S. Dist LEXIS124937, at *6 (6th Cir. 2020) and United States v Greene, 2020 U.S. Dist LEXIS142007, at *2-3 (6th Cir. 2020)

In granting compassionate release, the court also mentioned Soto's age, "Soto's age also impacts his likelihood of hospitalization or death if he contracts COVID-19. Soto is 46years old. I person in the age range of 40 - 49, like Soto, is three times more likely to be hospitalized and ten times more likely to die from COVID-19 than someone who is in the age range of 18 to 29 years old." Defendant Trevino-Morales is age 55, older than Mr. Soto.

Lastly, the court also noted that the BOP determined that Soto has a low recidivism risk. Quote: "He has served almost half of his sentence [] his prior criminal history is sparse." Mr. Trevino has a pattern risk score (FSA Recidivism) of minus eleven (-11) and enclosed exhibit c-4 shows that he completed nine (9) BOP programs for a score of -9 and completed two work programs for a score of -2. Even the U.S. Bureau of Prisons considers the defendnat a minimum risk. The court in Soto also included, "... Soto confirmed that he can obtain a job upon release. His past employment record bolsters this statement, because it shows he has held and maintained employment." He had an approved place to live and a family support system in place just like Mr. Trevino. The court found that the 3553(a) factors warranted a reduction and granted immediate release. Also see United States v Kitt, 2020 D.C. Super LEXIS 41 (District of Columbia, 2020) reduction granted due to latent tuberculosis.

Please review two other cases where the court granted compassionate release for this same reason. 1) United States v Meader, 2022 U.S. Dist LEXIS 48820 (D. maine, Mar 18, 2022) and United States v Saccuccia, 10th F.4th 1, 6, (1st Cir. 2021)(explaining that a district court may find an extraordinary and compelling reason sufficient to justify compassionate release based upon material BOP interference in or stonewalling of medical testing or treatment).

McPeek's release plan included living with his wife who would assist in treatment options. In granting compassionate release, the court stated "While cognizant of McPeek's criminal history... I find in light of his age and cancer diagnosis (Trevino's heart issues), and his lack of convictions for violent conduct, his early release would not pose a danger to the public. [] Compassionate release at this time will still reflect the seriousness of the offense, promote respect for the law, provide just punishment, afford adequate deterrence to criminal conduct and protect the public from further crimes."

DELIBERATE INDIFFERENCE

Please review Estate of Bilal Hasanie Hill v Richard L. Lisenbe 2022 U.S. Dist LEXIS 24071 (E.D. Missouri, Feb 10, 2022) - a similar medical case to that of the defendant who was granted compassioante release on April 9, 2020 but passed away on Janaury 14, 2021. On Jan 25, 2020, Hill reported that he had a sharp shooting pain plus pain in his neck and shoulder area. On Feb 6, 2020, he submitted a grievance that he was in extreme pain for the last month and that he was misdiagnosed. He filled out another grievance on Feb 12, 2020 stating that he was still in extreme pain but was told to take a Tylenol.

The defendant hopes the court will read all 14 typed pages of his sad saga that could have happened in his case. "On March 27, Hill was evaluated for chest pains and rapid breathing." This case also included, "However, a jury could also find that [medical staff] treatment was so woefully inadequate as to demonstrate deliberate indifference ... delayed treatmet ... contributed to his unnecessary suffering..."

If assigned a public defender, he or she could count the times that the defendnat complained of chest pains, he was denied having a stent and is denied open heart surgery still. (28)

HEART/CARDIAC CASES

1. United States v Watson 2022 U.S. Dist LEXIS 70161 (10th Cir. 2022)
The court granted compassionate release for multiple reasons including sentencing disparity, cardiac issues, and urology issues. (Quote):
"Watson's medical conditions, in combination with the ongoing COVID-19 pandemic (April 15, 2022 ruling) qualify as extraordinary and compelling reasons warranting compassionate release."

2. United States v Tayler, 2020 U.S. Dist LEXIS 193381 (5th Cir. 2020)
(quote) "The government concedes that, if an inmate has established that he has a chronic medical condition ... and that condition constitutes a CDC risk factor elevating the inmate's risk of becoming seriously ill from COVID-19, then the inmate has satisfied the standard of extraordinary and compelling reasons."

In granting compassionate release, the court reviewed a letter from Dr. Amy Kossoff who opined that "defendant's cardiac functions alone could kill him and COVID-19 increases that risk dramatically." Noteworthy, Taylor's pattern risk score was also at "minimum", the lowest probability of recidivism (See Exhibit C-4). The court granted "time served" with 12 months of home confinement so he could practice social distancing.

3. United States v Rucker, 2021 U.S. Dist LEXIS 168693 (10th Cir. 2021)
The court granted compassionate release. (quote) "Defendant is obese and suffers from a serious cardiac condition, which factors the Centers for Disease Control (CDC) has recognized do elevate the risk of serious harm from the virus. In light of that fact, the government has conceded that defendant is deemed to have established an extraordinary and compelling reason..." Also, "... and the court concludes that if released now, defendant will have served an appropriate sentence in light of his serious medical conditions, which militates in favor of immediate release because of his elevated risk from the coronavirus."

4. United States v Garcia, 2021 U.S. Dist LEXIS 14163 (10th Cir. 2021)
The court granted compassionate release. Mr. Garcia had Dr. George Bren, a cardiologist give a report (Doc No. 151) (quote) "Dr. Bren additionally notes that Mr. Garcia suffers from obesity, with a BMI of 34.8 ... of great importance to the instant motion, Dr. Bren's report also explains that several of Mr. Garcia's conditions would place him at a significantly elevated risk of severe illness or death were he to become reinfected with COVID-19. [] the presence of these heart conditions increase the risk of severe or fatal disease 5.19 fold."

Br. Bren's report additionally explains that Garcia's risk is "further elevated by the fact federal inmates in general, have a higher rate of [COVID-19] infection than the general population ... the inability of people in prison to socially distance.." Id. The previous COVID wave infected 80% of the inmates at FCI-La Tuna, currently, ten staff members have COVID plus 126 staff members have recovered from COVID, one of the highest positivity rating in the BOP.

In granting compassionate release, the court balanced the 18 U.S.C. 3553(a) factors, the need to impose just punishment. (quote) "The need to impose just punishment also demands that the court not allow Mr. Garcia's term of imprisonment to become a sentence of death. Requiring someone with Mr. Garcia's medical conditions to remain in prison despite the grave and undeniable risks that COVID-19 poses to his health would arguably undermine, rather than promote, respect for the law 3553(a)(2) [] granted time served, home detention for the first six months at his daughter's home..."

5. United States v Ginsberg, 2020 U.S. Dist LEXIS 84907 (7th Cir. 2020)
The court granted compassionate release even though the defendant committed a series of financial crimes (quote) "It appears to be undisputed that Ginsberg has a significant history of cardiac disease [] the virus is likely to spread more quickly [in prison] than in the general population due to, among other things, the difficulty of accomplishing social distancing in a prison environment and the constant influx of people coming and going from outside the prison, including correctional staff." FCI-La Tuna is still in a CODE RED level 3 COVID alert due to the high COVID rate in the county.

6. United States v Parks, 2021 U.S. Dist LEXIS 53477 (11th Cir. 2021) The court granted compassionate release because of his enlarged heart and high blood pressure. (quote) "Data also shows that nearly half of the patients who died [from COVID-19] had high blood pressure and that hypertension doubles the risk that a person will die from the virus."

In granting compassionate release, the court cited United States v Propst, No. 1:08-CR-187-CAP-1 (Doc 252 at 6) (N.D. Georgia, 2021) ("Already tinderboxes for infectious disease, prisons now are even more dangerous than we typically accept"). The court found (just like the case at FCI-LA Tuna), "The New York Times Coronavirus tracker reveals that the wider community surrounding the Yazoo prison complex, Yazoo County, is at a very high risk level ... deaths have remained at about the same level.... suggesting that cases may be undercounted." Many people are testing for COVID in their homes and don't report their cases unless they become hospitalized.

Lastly, the court cited United States v Briseno-Valdez, No. 1:02-CR-339-TWT-1, Doc 146 at 4 (N.D. Ga 2020)(... it is inescapably true that the spread of COVID-19 poses a unique and grave risk to incarcerated individuals and prison cannot be made safer than a home environment. Mr. Parks has shown that he is at acute risk of severe illness from COVID-19 ... obesity, but also due to his hypertension, race, and apparent heart condition and family cardiac disease history." Id.

7. United States v Huges, 2021 U.S. Dist LEXIS 13243 (6th Cir. 2021) - The court granted compassionate release and cited United States v Amarrah 458 F. Supp. 3d 611, 618 (6th Cir. 2020)(granting compassionate release where defendnat had diabetes, heart disease, and asthma).

8. United States v Jaramillo, 2021 U.S. Dist LEXIS 27963 (6th Cir. 2021) The court granted compassionate release and cited Miller v United States 453 F.Supp. 3d 1062, 1067 (6th Cir. 2020)(The CDC also states that individuals with underlying medical conditions such as lung disease, a serious heart condition ... have a higher risk of severe illness).

HYPERTENSION CASES

United States v Topete, 2021 U.S. Dist LEXIS 41752 (11th Cir. 2021) The court granted compassionate release to an inmate with a 20 year sentence (large drug conspiracy) even though his prison (CI McCrae) had zero active COVID-19 cases and only one inmate death. Mr. Topete was age 53 and had underlying health issues of obesity and hypertension plus had a "mild" heart attack and went to a hospital for his COVID-related cardiac incident.

In granting compassionate release, the court considered what Dr. Turner stated, "... Mr. Topetes's risk factors make him extremely high risk for severe outcome, including death if he gets COVID-19 again." In his professional opinion, "If reinfected, he is likely to experience severe and potentially fatal COVID-19" and said "current evidence shows that people who have previously gotten COVID-19 can get a second case so Mr. Topete remains at risk despite having previously contracted the virus." (Id. at 6)

The court also cited the CDC, "The CDC has stated that individuals aged 50-64, like Mr. Topete, are 25 times more likely to be hospitalized with COVID-19 and 400 times more likely to die from COVID-19 than individuals who are 5-17 years old." The court further stated, "The CDC has emphasized that it is especially important for people at an increased risk of getting a serious case of COVID-19 to protect themselves and has recommended that they limit their interactions with other people as much as possible and take precautions against contracting the virus." Id. This includes social distancing, not 100 inmates sharing the same three phones without disinfecting between use, not removing their mask to brush their teeth or shave at sinks just inches away from a fellow inmate, not sitting shoulder to shoulder in a crowded chow hall where inmates remove their masks to eat.

Multiple courts have recognized that "the fact a prison has no confirmed open cases today does not provide much assurance in the current environment." See United States v Tate, 2020 U.S. Dist LEXIS 118600, 2020 WL 3791467, at *4 (7th Cir. 2020) as new cases can come into prisons, even when the actual prisoners are isolated, through staff coming in and out. At FCI-LA Tuna (Code Red status) ten staff have active cases of COVID (July 2022) and 126 staff have "recovered"

Lastly in United States v Topete, the court noted his no prior criminal history, "... now, Mr. Topete's history provides even more reason for a lower sentence because of his prison record, which reflects his efforts at rehabilitation. [] Mr. Topete's sentence has become more harsh because of the risk of fatality due to COVID-19 and his many risk factors. [] Therefore, reducing Mr. Topete's sentence to time served provides a sufficient but not excessive sentence for his crimes. See 18 U.S.C. 3553(a)." Id.

2. United States v Waters, 2021 U.S. Dist LEXIS 28495 (8th Cir. 2021) In granting compassionate release, the court shared a public defender would review all pro se motions for inmates who are indigent. Again, the defendant feels the threat of another COVID outbreak along with his many health issues plus the newly mutated BA.5 Omicron variant - more contagios, he takes Lisinopril to lower his high blood pressure which has ACE inhibitors making him more susceptible to infections as it lowers his white blood cells.

3. United States v Adkins, 2021 U.S. Dist LEXIS 28492 (8th Cir. 2021) (quote) "Mr. Adkins also has conditions identified by the CDC that potentially increase the risk of severe illness from COVID-19, including essential (primary) hypertension and being overweight." He also takes Lisinopril for his hypertension. The court granted his request for compassionate release.

4. United States v Magnuson, 2020 U.S. Dist LEXIS 233817 (8th Cir. 2020) - The court granted compassionate release. "Mr. magnuson's prescription medications include ... Atorvastatin to treat his high cholesterol and Lisinopril, an angiotensin-converting enzyme (ACE) inhibitor is prescribed to lower high blood pressure to prevent heart attacks and strokes." See footnote 3 for link, www.webmd.com/drugs/2/drug-6873-9371/lisinopril-oral/lisinopril-oral/details. Defendant's prescription list is included in Exhibit "B".

5. United States v Schrum, 2020 U.S. Dist LEXIS 233821 (8th Cir. 2020) The court granted compassionate release with an underlying health issue of hypertension. Mr. Schrum also takes Lisinopril, an ACE inhibitor.

6. United States v Roman, 2020 U.S. Dist LEXIS 53956, 2020 WL 1908665, at *2 (S.D. New York, 2020) (quote) "The fact that he takes Lisinopril, an ACE inhibitor, to treat his hypertension likely places him at higher risk for severe COVID-19 infection."

7. United States v Guston, 2021 U.S. Dist LEXIS 8237 (5th Cir. Jan 15, 2021), the court granted compassionate release due to his hypertension, high cholesterol, and pre-diabetes. (quote) "Courts have also granted compassionate release for defendants suffering from hypertension alone. What the scientific community knows with relative certainty is that hypertension is one of the most common comorbidities in people who experience severe cases of COVID-19 [] much research identifies hypertension as the most common comorbidity." See United States v Salvagno 456 F.Supp. 3d 420 (N.D. N.Y. 2020); also see United States v Lavy, 2020 U.S. Dist LEXIS 103661, 2020 WL 3218110, at *4 (10th Cir. 2020)(citing scientific studies) and United States v Scparta, 2020 WL 1910481, at *9 (S.D. New York 2020)(citing CDC data).

In United States v Guston, "In short, the court has considered the 3553(a) factors in light of the extraordinary and compelling circumstances created by the COVID-19 pandemic, as applied to Guston's known health risks and behavior and concludes they warrant compassionate release in this case." Id.

8. United States v Turner, 2021 U.S. Dist LEXIS 36209 (5th Cir. 2021) The court gave him a 365 month sentence (reduced to 293 months) yet granted compassionate release due, in part, to hypertension. (quote) "... because he has been unable to control his hypertension while incarcerated, which places him at heightened risk of severe illness or death if infected with COVID-19..." [] his age (55) and length of incarceration also suggests that he has been rehabilitated... less likely to recidivate... further incarceration is unlikely to have additional impact."

~~SMOKING CASES~~

United States v Sherrod, 2021 U.S. Dist LEXIS 147643 (6th Cir. 2021) - The Court granted compassionate release, "Sherrod is obese and prior to prison smoked a pack of cigarettes per day for approximately twenty years. [] According to the Centers for Disease Control and Prevention, both obesity and a history of smoking cigarettes can make someone more likely to get severely ill from COVID-19."

2. United States v Boddie, 2021 U.S. Dist LEXIS 11741 (7th Cir. 2021) - The court granted compassionate release due to the defendant's BMI of 31 and his history of smoking. (quote) "The United States concedes that Mr. Boddie is obese, with a Body Mass Index (BMI) of at least 31 [] Mr. Boddie contends, without contradiction from the United States, that he is a former smoker..."

3. United States v Gamez, 2021 U.S. Dist LEXIS 36419 (5th Cir. 2021) - The court granted compassionate release based on his BMI of 35.9 and his history of smoking. "... the Court finds that Gamez's medical conditions make him particularly vulnerable to severe illness from COVID-19 so as to warrant a finding of extraordinary and compelling circumstances." Noteworthy: Gamez was previously convicted of aggravated assault with a firearm and carrying a concealed firearm but had an exemplary prison record. Because his instant offense was not violent in nature, when balancing the 18 U.S.C. 3553(a) factors along with Section 3142(g) the court "finds the factors weigh in favor of Gamez's request for compassionate release. The court orders additional terms of supervised release as set forth below to ensure public safety..."

4. United States v Khawaja, 2020 U.S. Dist LEXIS (D. New Hampshire 2020) In granting compassionate release, the court cited United States v Rich, 2020 U.S. Dist LEXIS 97079 WL 2949365, at *3-4 (D.N.H. 2020) (finding that defendant's history of bronchitis and smoking combined with current outbreak at the prison constituted extraordinary and compelling reason). The court stated that many courts have recognized that the nature of the prison environment itself enhances the likelihood that prisoners will catch this highly contagious disease. (quote)

"That is especially true where there is already a documented outbreak at the prison. At FCI-Danbury, 85 inmates and 64 staff members have recovered from the virus (FCI-LA Tuna is far greater) and one inmate has died. [] Nonetheless, a prison by nature of its size, the number of inmates, and the difficulty of keeping inmates physically distant from one another is a potential "tinderbox" for this contagious virus." Id. The court granted time served but also ordered that he be placed on home confinement (see Appendix A).

5. United States v Avalos, 2021 U.S. Dist LEXIS 14164 (10th Cir. 2021) - The Appeals Court reversed a denied motion for compassionate release "solely on the basis of the District Court's erroneous finding that being a former cigarette smoker was not a condition deemed to increase risk of complications from COVID-19 as identified by the CDC."

6. United States v Pacheco, 2020 U.S. Dist LEXIS 232344 (D. Minn. 2020), a drug sentence of over 5,000 grams of meth and 271 grams of cocaine yet the court granted compassionate release even though Pacheco did not serve 50% of her sentence. Her underlying health issues were obesity and a history of smoking.

7. United States v Shivers, 2020 U.S. Dist LEXIS 232797 (7th Cir. 2020) - Another compassionate release granted due to obesity, history of smoking and hypertension

8. United States v McGregor, 2020 U.S. Dist LEXIS 234324 (D. Nev. 2020) (quote) "The government concurs that the combination of COVID-19 pandemic and several of McGregor's medical conditions (including a BMI of 34, diabetes, and a history of smoking) together satisfy extraordinary and compelling circumstances, a prong of the compassionate release analysis."

9. United States v Staats, 2020 U.S. Dist LEXIS 219946 (E.D. Penn. 2020) - The court granted compassionate release due to his obesity and history of smoking. (quote) "I find that Mr. Staats will not be a danger to the community during this pandemic because he has a home to return to, ... an adequate reentry plan [] the stringent conditions of his release mitigate concerns he will be a danger to the community."

CONCLUSION

In United States v Lopez, 2020 U.S. Dist LEXIS 200076, (9th Cir. 2020) the court granted compassionate release to an inmate who was sentenced to "life" in prison (quote) "Rightly or wrongly, this country's criminal justice system is premised on the idea that a person can, and hopefully will, change after several years locked up in prison." The defendant has learned a painful lesson and will leave prison a better man. He will follow any and all recommendations made by his probation officer knowing that if he violates the terms of his supervised release (or reoffends) he will end up back in federal prison. Please grant immediate release or home confinement until such time as his assigned probation officer deems it no longer necessary.

Please review United States v Highsmith, 2022 U.S. Dist LEXIS 10786 (E.D. North Carolina 2022) - The court granted compassionate release stating that breakthrough infections of fully vaccinated inmates due to Omicron (and now BA.4 and BA.5) at prisons with rising cases of COVID-19 were extraordinary and compelling reasons that would warrant early release. (see United States v Johnson, 2021 WL 5494527, at *11-13 (reducing vaccinated defendant due to breakthrough infection))

If granted a public defender, he or she could find current cases in the defendant's circuit that also granted compassionate release after being fully vaccinated. On July 21, 2022, the media reported that President Biden contracted COVID-19 even though he was fully vaccinated and fully boosted. The variants are more contagious and are not stopped by current vaccinations. Please allow either the defendant or his assigned public defender to reply to an expected response by the government, especially if the response does not concede that the "at risk" health issues and pending COVID outbreak at FCI-La Tuna is an extraordinary or compelling reason to warrant a reduction. Also, please allow the defendant to correct or amend this pro se motion as he humbly admits he is not a lawyer.

CERTIFICATION

I, Jose Trevino Morales Defendant. Pro Se certify under penalty of perjury that this motion is true and correct to the best of my understanding and belief. It is sent from prison pursuant to 28 U.S.C. 1746 and is self notarized.

Signed JOSE TREVIÑO Date 8/13/2022
Jose Trevino Morales

CERTIFICATE OF SERVICE

I, Jose Trevino Morales State that a copy of this motion is sent to the Clerk of COurt at the address listed below. It is sent via U.S. Mail with correct postage prepaid. Please send a copy of the ECF to any and all interested parties, including the Public Defender's Office. Please liberally constue this pro se motion.

Signed JOSE TREVIÑO Date 8/13/2022
Jose Trevino Morales

To:
Clerk of U.S. District Court
Western District of Texas
501 West 5th Street
Austin Tx 78701

From
Jose Tevino Morales
#27585-064 Unit 6
FCI-La Tuna
P.O. Box 3000
Anthony N.M. 88021

FCI - LA TUNA COVID FACTS AND FIGURES

~~Exhibit 1~~

EXHIBIT 1

On October 25, 2021, www.bop.gov/coronavirus reported that FCI-La Tuna had 3 inmates and 5 staff with active cases of COVID-19. Per BOP policy, 10 days after testing positive, an inmate is deemed "RECOVERED". On 10/25/21, BOP reported that 391 inmates and 72 staff were "recovered from COVID-19."

On Novemebr 5, 2021, the BOP reported that FCI-La Tuna had 4 inmates and 6 staff with positive cases of COVID-19 and 387 "recovered" inmates.

On 12/30/21, the BOP reported zero inmates but 10 staff with active cases of COVID-19, recovered inmates dropped to 377. Any time an inmate leaves FCI-La Tuna (on compassionate release, to a local halfway house, or on a First Step Act "near release" transfer, they are taken off the roll call as a "recovered" inmate.

On January 21, 2022, the BOP reported that FCI-La Tuna had 187 inmates and 27 staff with active cases of COVID-19 but only reported 331 "recovered" inmates. Ten days later (1/31/22) the BOP reported 159 inmates and 41 staff with active cases of COVID-19. At this time they reported 452 "recovered" inmates.

On February 25, 2022, the BOP reported zero inmates and 19 staff with active cases of COVID but reported 635 "recovered" inmates and 101 "recovered" staff. On March 3, 2022, the BOP reported zero inmates and 1 positive staff memembr but reported 623 inmates and 120 staff were "recovered" from COVID-19.

On March 25, 2022, the BOP reported zero inmates and just 2 staff had positive cases of COVID-19 making it a total of 123 staff with COVID-19 (they bring COVID into the prison). As of April 1, 2022, they gave FCI-LA Tuna a conditon "green" and both staff and inmates were no longer required to wear masks. If denied compassionate release, this exhibit will be used for a "renewed" motion as a third COVID outbreak (more than 50% of the inmates infected) will occur.

~~EXHIBIT~~

HIGH WATER MARK OF SECOND COVID OUTBREAK

On January 24, 2022, www.bop.gov/coronavirus reported that 318 inmates and 32 staff at FCI-La Tuna tested positive for COVID-19. Per policy, 10 days later, all 318 inmates were deemed "recovered". On February 8, 2022, the BOP reported that 63 inmates and 45 staff had active cases of COVID-19. When you add the two inmates who died due to COVID and the 585 "recovered" inmates that the BOP reported, that total is 650 inmates, over 80% of the population at FCI-La Tuna (low security campus), the numbers often get confused as the government adds the 185 - 205 inmates at the off site minimum security camp to "soften" the numbers. On February 8, 2022, FCI-LA Tuna had 756 inmates at their "low" security campus.

COURT CASES THAT MENTION FCI LA TUNA COVID NUMBERS

1. U.S. v Turner, 2020 U.S. Dist LEXIS 138665 (N.D. OHIO Aug 4, 2020) (The court granted compassionate release) "... in conjunction with the presense of COVID-19 at FCI-La Tuna.... beacuse Turner is at a greater risk for medical comlications if he contracts the virus, Turner's health and life are in grave danger if he continues to serve his sentence at FCI-LA Tuna." Please closely review the following cases showing two different COVID-19 outbreaks at FCI-La Tuna.
- 2, U.S. v Gutierrez, 2020 U.S. Dist LEXIS 193881 (S.D. Texas Oct 20 2020) - (quote) "As of October 19, 2020, FCI-La Tuna has 2 active inmate COVID-19 cases out of 737 total inmates." Note: The 200 inmates at the minimum security camp were not included in the COVID numbers.
3. U.S. v Alghaithi, 2020 U.S. Dist LEXIS 200473 (9th Cir. 2020) - The court granted compassionate release. "... the court is aware that COVID-19 has made its way into FCI-LA Tuna ... 22 inmates and 8 staff have had COVID-19 [recovered] and currently there are 17 confirmed active cases involving staff and 1 active inmate case."

4. U.S. v Mobley, 2020 U.S. Dist LEXIS 212729 (9th Cir. 2020) - The Court granted compassionate release. "Defendant is currently housed at FCI-La Tuna, a low security institution with approximately 600 inmates. According to the Bureau of Prisons' most recent data, it appears there are 72 inmates and 21 staff members at the facility who are currently infected with COVID-19..."

5. U.S. v Nehmad, 2020 U.S. Dist LEXIS 213883 (S.D. New York, Nov 16, 2020) (quote) "... in La Tuna FCI, just outside of El Paso, where the coronavirus rages unabated. [] in considering the section 3553(a) factors [the court] should assess whether those factors outweigh the extraordinary and compelling reasons warranting compassionate release."

6. U.S. v Briggs, 2020 U.S. Dist LEXIS 232571 (9th Cir. 2020) - quote: "... he noted that the bureau of prisons reported only 1 inmate and 16 staff members with COVID-19 at FCI-LA Tuna as of October 28, 2020. [] as of November 20, 2020, there were 120 inmates and 29 staff with confirmed cases of coronavirus at that facility (ECF No. 561 at 6)."

Key quote: "While there is an increased infection rate at FCI-La Tuna since defendant's briefing, it is noted that as of this writing, 420 inmates and 40 staff have recovered from COVID-19 and only one inmate has died." (how many more "at risk" inmates have to die because the BOP cannot prevent COVID-19 outbreaks?)

7. U.S. v Vega, 2020 U.S. Dist LEXIS 233816 (8th Cir. Dec 11, 2020) "The Court checked the BOP website on November 2, 2020 and at that time one inmate and 17 staff members at FCI-La Tuna were positive for COVID-19 and 8 staff members and 21 inmates have recovered. According to the BOP website as of November 25, 2020, 117 inmates and 33 staff members are known to be currently positive for COVID-19."

8. U.S. v Curaba, 2021 U.S. Dist LEXIS 28973 (8th Cir. Feb 17, 2020) Quote: "Mr. Curaba is currently an inmate at FCI-La Tuna [and] currently 824 persons... As of February 12, 2021, there were 12 active COVID-19 cases among inmates, and six among staff, two inmate deaths [] and 486 inmates and 65 staff had recovered from COVID-19 [] over 60% of the inmates at La Tuna have contracted COVID-19..."

9. U.S. v Gould, 2021 U.S. Dist LEXIS 43882 (8th Cir. Mar 9, 2021)
Quote: The total population at FCI-La Tuna is currently 835 persons [] as of March 8, 2021, there is one active COVID-19 case among inmates at FCI-La Tuna ... and 494 inmates and 68 staff who have recovered from COVID-19 at FCI-La Tuna... this means almost 60% of the inmates at FCI-La Tuna have contracted COVID-19." NOTE: about 200 inmates are housed at the minimum security camp off premis from the FCI-La Tuna "low" prison where four men "live" in a 9/ x 12' romm where all four men remove their masks when sleeping.

10. U.S. v Dinehdeal, 2021 U.S. Dist LEXIS 55832 (8th Cir. Mar 23, 2021). Quote: "As of March 23, 2021, FCI-La Tuna currently has zero active COVID-19 cases among inmates and four active COVID-19 cases among staff [] the facility has reported two inmate deaths and 491 inmates and 68 staff have recovred from the illness. [] FCI-La Tuna appears to be taking appropriate measures to treat and care for inmates who contract COVID-19." Appearances are often diceiving.

11. U.S. v Sakuma, 2021 U.S. Dist LEXIS 74591 (9th Cir. Apr 19, 2021)
Quote: "... has not shown that the hardships he faces at FCI-La Tuna differ significantly from any other BOP facility. The BOP reports that of 907 inmates tested at FCI-La Tuna, 548 have tested positive for COVID-19. [] presently reports 16 inmates and zero staff members have confirmed active cases of COVID-19 ... and as COVID-19 vaccinations continue to be administered, the threat of COVID-19 outbreaks is anticipated to decrease over time." Please see page one of this exhibit that documents the second major outbreak of COVID-19 at FCI-La Tuna. More contagious variants continue to evolve that the two shot vaccinations cannot protect inmates. Why are boosters needed? Why are second boosters now being recommended for those with at risk health issues that per the Centers for Disease Control (CDC) put people at risk of severe illness or death if the become re-infected.

12. U.S. v Gordon, 2021 U.S. Dist LEXIS 98130 (9th Cir. May 24, 2021) Quote: "Defendant has not shown that the hardships he faces at FCI-La Tuna differs significantly from any other BOP facility. The BOP reports that of 981 inmates tested at FCI-La Tuna, 552 have tested positive for COVID-19..." On January 24, 2022, FCI-La Tuna had 318 inmates plus 32 staff with active cases of COVID-19. Many of them had the two vaccinations, many of them were re-infections! Name any other federal prison that had 123 staff members test positive for COVID-19. Fact: People with or without the vaccination can spread the COVID-19 virus up to 28 hours prior to showing symptoms. Fact: Even asymptomatic staff can spread the COVID-19 virus. Inmates cannot leave prison. Staff brings it in or allows untested new arrivals to bring in COVID-19.

The hardships include 120 inmates trying to share three voice activated phones that do not get disinfected between use. It is a hardship to share bathrooms with over 100 inmates. Men remove their masks to shave, they remove their masks to brush their teeth at sinks that are just inches away from each other. It is a hardship to eat meals sitting shoulder to shoulder with fellow inmates who remove their masks to eat. If one inmate tests positive for COVID-19, prior to any symptoms, he has spread the virus to other inmates he has come in contact with. Staff at FCI-La Tuna does not enforce the mask policy recommended by the CDC. The masks given inmates at FCI-La Tuna come from a box that puts a warning on the box saying that the mask DOES NOT PROTECT AGAINST COVID. And friends and family wonder why over 80% of inmates tested positive for COVID on FCI-La Tuna's second major COVID outbreak.

13. U.S. v Saenz, 2021 U.S. Dist LEXIS 130143 (7th Cir. 2021) Quote: "As of July 9, 2021, the BOP reports that no inmates and one staff member at FCI-La Tuna have active cases of COVID-19... [] the BOP also reports that 752 inmates and 178 staff members at FCI-La Tuna have been fully inoculated against COVID-19." Please review page 1 of this exhibit. FCI-La Tuna had 123 staff contract COVID and at one time, 650 inmates had COVID or "recovered" from it 10 days after testing positive

THE RISK OF OMICRON AND BA.2 "STEALTH OMICRON"

On January 26, 2022, the Wall Street Journal had a COVID-19 article on page A6 stating that COVID-19 deaths in the United States reached the highest level since the winter of 2021., more deaths than the Delta variant surge in the fall of 2021. Quote: "A new study the CDC released on Tuesday measured a high of nine deaths per 1,000 cases during the Omicron surge ... during the Delta surge, it reached 13 in 1,000 the study said."

On March 15, 2022, the USA Today reported on page 4A that variants may return amid low booster rates. "... multiple countries in Europe are showing an increase in infections ... data has charted an increase in cases, some have seen a rise in hospitalizations..." The article reported that studies suggest that the BA.2 Omicron variant may be 30% more transmissible than the original Omicron variant.

Vaccinations do not protect against the variants. If they did, no one would need "booster" shots. FCI-La Tuna is located just west of El Paso Texas. The El Paso Times reported on MARCH 15, 2022 (page 4A) that the area had 26 COVID-19 deaths the prior week. All 26 deaths had patients with underlying health issues, teh ones reported by the CDC that could cause severe illness or death. Of the 26 deaths, 11 deaths were patients who received both vaccines. Quote: As of Monday, there were 39,432 breakthrough cases reported including 1,133 who required hospitalization..." REminder: A "Breakthrough" COVID case is a positive COVID case even though they had both vaccines.

On March 22, 2022, the USA Today reported on page 2A that, "Studies have shown that BA.2 is inherently more transmissible than Omicron BA.1... While Omicron BA.1 was considered milder than the virus' original strain and the Delta variant, it led to an increase in deaths in the U.S. 60,000 in Janaury of 2022, twice the amount of deaths in November according to the Centers for Infectious Disease Research and Policy at the University of Minnesota." The article included that "the more times a virus replicates, teh more chances it has to mutate into a stronger stain, as seen with Delta and Omicron."

March 25, 2022, the Wall Street Journal reported on page A6 that "The rapid spread of the highly transmissible BA.2 Omicron variant and an easing of measures aimed at slowing transmission, such as mask requirements, are causing problems in Europe according to physicians and epidemiologists." The article quoted the CDC Director, Dr. Rochelle Walensky, "Some places in New England have recorded more people in the hospital with COVID-19... specifically in areas where the CDC estimates that BA.2 now account for over half of all cases."

On March 31, 2022, the USA Today had an article on page 2A on whether people needed a second booster shot. Quote: "The Food and Drug Administration authorized a second dose of either the Pfizer-Biotech or Moderna shot for people 50 or older at least four months after their first [booster]." The simple reason is the vaccines effectiveness, the booster's effectiveness wanes after 4 months.

The same article again quoted CDC Director Dr. Walensky, "... and those 50 or older who have underlying medical conditions that increase the risks from COVID-19. The article included examples of some of the underlying medical conditions, "obesity, diabetes, Chronic lung, kidney, or liver disease..." Even smoking or being a former smoker is considered at stage one risk by the CDC.

On March 31, 2022, the Wall Street Journal had its own article on Second Boosters (Page A11). Quote: "After a booster, antibody levels increase, plateau, and then decline after three or four months.. but breakthrough infections can still occur." 60,000 deaths in Jan of 2022, and BA.2 is more contagious!

Same article, "Experts say the expectation is that getting a second booster will, for several months at least, bring antibody levels and protection back to what they were after the first booster." The article reported that if you come in close contact with large number of people, you're at a higher risk of being exposed to COVID-19 and suggested you may want to get a second booster.

On April 6, 2022, the USA Today had an article on page 4A on COVID.

"Studies have found as many as 30% of people still have symptoms months after a COVID-19 infection." A separate article, also on page 4A stated, "People can experience mild COVID-19, asymptomatic COVID-19, or long COVID-19. [] Symptoms of long COVID-19 include shortness of breath ... and difficulties in concentration..."

On April 7, 2022, the USA Today had an article on page 1A on COVID.

"Mutations and the rise of different variants can also weaken the immunity provided by infection, he said. [] People can still get infected even if they've been vaccinated or infected before. [] In addition, there are clearly risk factors that make people more vulnerable to getting sicker if infected, ... including obesity..."

On April 8-10, 2022, the weekend edition of USA Today, they had an article on the Coronavirus pandemic. "President Joe Biden gave House Speaker Nancy Pelosi a warm hug and a kiss on the cheek Tuesday during a crowded White House event. Two days later, Pelosi tested positive for the coronavirus." The article shared that Biden's sister, to cabinet secretaries, and Press Secretary Jen Psaki also contracted the virus. It is assumed they all had both vaccines and at least one booster shot.

Psaki was quoted as saying, "... and with a variant that's as transmissible as BA.2, that's what we're seeing at this point in time - in the White House, among the press corps, among the general public." They can trace their infection to just one "crowded meeting."

Page 6A of the continuation article stated, "No one who tested positive met the CDC's definition of being in close contact with Biden, meaning they were not within 6 feet of him for 15 minutes or more."

Every single day in an open dorm prison setting like FCI-La Tuna inmates are in "close contact with" each other, often longer than 15 minutes. Half the units have "rooms" with no door, 9' x 12' where 4 inmates sleep closer than 6 feet without masks on. The other "dorms" have a set of bunk beds 3 feet to the left and 3 feet to the right plus an upper bunk mate - up to 5 individuals closer than 6 feet that sleep without masks on. If any one of them contract COVID, others

will too.

MORE ARTICLES REGARDING COVID-19

April 15, 2022, USA Today article on page 4A, "During the Delta wave, they found a two-dose mRNA vaccine series was 47% effective against hospitalization due to re-infection and a booster dose was more than 57% effective [] More recently, during the Omicron wave, the two-dose series was about 34% effective..." This proved true at FCI-La Tuna where the majority of inmates had both vaccines and still contracted the more contagious Omicron variant (650 of 756 inmates)

April 18, 2022, the El Paso Times reported on page 8A, "Mitchell never left his home in Houston without his mask, he avoided indoor dining at all costs and, most importantly, he was fully vaccinated but still got COVID. [] It is no longer unusual to hear of someone getting COVID-19 even though they are fully vaccinated and boosted..."

The article continued, "What they didn't expect, however, was the barage of variants that quickly emerged, some of which, like Omicron were more transmissible and better able to avoid the vaccines..." The article further explained, "BA.2, a subvariant of Omicron, made up more than 85% of new coronavirus cases last week, CDC data shows. The new strain may be more transmissible but appears to behave similarly to the original Omicron variant, health experts say."

April 19, 2022, the El Paso Times reported on the front page (!A) the El Paso County recorded 12 more COVID-19 deaths the previous week. (quote) "Of the new deaths, four were breakthrough cases..." This means that 33% of the local COVID-19 deaths were of people who were fully vaccinated. It also reported, "As of Monday, there were 41,840 breakthrough cases reported [in El Paso County] including 1,206 people who required hospitalization... [] health officials urge ... social distancing." FCI-LA Tuna cannot provide social distancing.

April 19, 2022, the USA Today reported on page 7A on a super-spreader White House event that infected 70 leaders and media. Those who contracted COVID included Nancy Pelosi, Jen Psaki, Attorney General Merrick Garland and later it was reported that even V.P. Harris contracted COVID from just one crowded event. "But despite polititions and pundits suggesting otherwise, mass gatherings that lead to mass infections cannot become our new normal." Open dorm prisons are much worse

April 27, 2022 USA Today, page 1A headline report that Vice President Kamala Harris was the latest White House Official to test positive for COVID-19 (quote) "Harris wrote in a tweet on Tuesday afternoon, 'I'm grateful to be both vaccinated and boosted.'" V.P. Harris still tested positive for COVID! Many courts, in error, denied motions for a pro se compassionate release stating because they had both vaccines, they were no longer at risk. Those with underlying health issues noted by the CDC (breakthrough cases) are still dying due to COVID.

April 27, 22, USA Today, had a second COVID related article on page 4A which reported, "New Government data, released Tuesday, looked at blood drawn for medical purposes during [December - February] and found antibodies to the virus that causes COVID-19 in nearly 60% of the people, up from 33% just three months earlier." This confirms that more people contracted COVID-19 as Omicron was more contagious. It is true that only 9 of 1,000 died as a result from COVID, but because so many more people contracted COVID, (80% at FCI-LA Tuna) more people are dying now than with the Delta variant.

Also in that second article, "... the CDC plans to release another study showing that each omicon BA.1 infection led to roughly three more infections, the highest transmission seen during the pandemic, said Dr. Kristie Clarke, who led the CDC's research." The BA.2 variant is even more contagious than the BA.1 Omicron variant. Just one crowded White House event led to 70 infected leaders and media, the others like Vice President Harris contracted COVID. It is even worse in an open dorm federal prison where the CDC recommended social distancing cannot be followed.

April 26, 22, USA Today (page 2A) reported, "Shanghai [China] which has a population of about 25 million people has been under a lockdown since March after China's largest outbreak of COVID-19 since 2020. [] another 45 cities are under lockdown according to NPR." Experts are warning that another huge COVID wave is coming to the United States, especially with the influx of immigrants and no mask policy even for public transportation. (including new arrivals to federal prisons).

May 2, 2022, USA Today, page 6A had an article on COVID-19. Quote: "The U.S. is experiencing a COVID-19 case spike from a highly contagious subvariant of Omicron with confirmed infections rising to about 44,000 per day up from 26,000 a month ago." Keep in mind one omicron case results in three additional cases. The BA.2 variant is said to be 30% more contagious than the BA.1 variant.

The article also reported that, "Just over 300 people are dying ... each day from the virus...." If a lone gunman killed 300 people or some terrorist blew up a building that killed 300 people, it would be headline news. The courts would prosecute to the fullest extent of the law. If only 300 people per day are dying due to Omicron, it is reported on page 6A.

www.bop.gov/coronavirus reported on May 6, 2022 that 294 federal inmates have died due to COVID plus 7 staff members died due to COVID. As of May 6, 2022, FCI-LA Tuna has three staff with ACTIVE CASES OF COVID-19 with 121 staff "recovered" from COVID. Staff brings COVID into the prison with them and can spread the virus 24 to 48 hours prior to showing symptoms. The CDC also reports that a person can be infected with COVID without showing symptoms (asymptomatic) and can still spread the virus. The reason inmate COVID numbers are so low is that staff at FCI-LA Tuna has stopped testing inmates. Another COVID wave is coming.

May 5, 2022, El Paso Times, page 6a had an article about a COVID outbreak on a cruise ship: An open dorm prison is like a cruise ship, hundreds of people shoulder to shoulder especially in the chow hall. (quote) "They were overwhelmed and they didn't have a back-up course in how to handle about 200 people effected with COVID." The BOP will sometime mass test an entire housing unit and then pull out those who test positive to "quarantine". All the "negative" inmates were still exposed, they mix with other inmates from other housing units and can still spread the virus. FCI-LA Tuna mixes Units 1 and 3 for chow and recreation. Likewise Units 4, 5, & 6 (Unit 2 was the empty quarantine unit) If 200 people on a week long cruise ship contracted COVID, so will inmates who sleep four to a room that is 9' x 12'.

May 10, 2022, the USA Today had a COVID article on the front page (Page 1A) This is needed as an exhibit to include in pro se motions with no health expert to testify that just because an inmate receives both vaccinations, he or she is not still at risk of severe illness or death. (quote) "However, immunity wanes and new variants could evade what protection remains."

The article continues on page 4A, "A full surge over the summer is going to be really dependent on a variant fully emerging." One expert predicted, the article reported, a smaller wave than the previous two summers and a slight uptick in hospitalizations and deaths. Key: Dr. Jessica Justman, Professor of Medicine in epidemiology stated that to prevent a surge, we have to practice mitigations measures to keep vulnerable loved ones safe. Inmates cannot practice social distancing inside an open dorm prison, those with underlying health issues remain at risk of severe illness or death.

May 11, 2022, The El Paso Times, page 3A article on COVID saying "Reported daily cases in the U.S., for example, are averaging 73,633 up more than 40% over the past two weeks." The article reported that the actual COVID cases are likely higher "because of the testing downturn and the fact tests are being taken at home at not reported to health departments." Even though three staff at FCI-La Tuna have active cases of COVID, the inmates are not being tested. It is now code Yellow and inmates and staff are required to wear masks again.

Also reported, "New York State health officials found the super contagious BA.2.12.1 variant after investigating higher - than - average [COVID] case rates in the central part of the State."

ADDITIONAL COVID ARTICLES - NEW VARIANTS

May 13, 2022 the El Paso Times reported on page 6A "The pandemic isn't over." Biden told the second global pandemic summit."

May 13-15, 2022, weekend edition of the USA Today reported on page 5A, "Three quarters of coronavirus fatalities in the United States are people 65 and older ... mortality is far higher among those with chronic medical conditions - such as diabetes..."

May 16, 2022, the USA Today reported on page 6A that only 50% of Americans received a booster shot. (quote) "Although the pandemic abated as the brutal winter wave was driven by the Omicron variant subsided, a subvariant known as BA.2 fueled a recent increase in cases.

If the two shot vaccines used to deny hundreds of motions for compassionate release protect inmates, why are boosters needed? Why have health officials reported on so many "breakthrough" cases and "breakthrough" COVID deaths? The article commented on a patient by the name of MARY Snipes, "... the disease sent Snipes to a hospital with double pneumonia and symptoms of long COVID-19 that include fatigue, headaches, chest pain, brain fog, joint pain, and difficulty breathing..."

Lastly, the May 16, 2022 article in USA Today reported, "The ultra-infectious BA.2 subvariant ... took over as the dominant strain in the USA in late March followed by its even more contagious offshoots."

May 17, 2022, the headlines of the USA Today reported that one million Americans have died from COVID. Page 7A continued, "Honor American lives lost by learning from pandemic to save lives in the future." (like inmates with underlying health issues)

The article also reported, "... there's no doubt we could have slowed, if not prevented, our rapid ascent to [one million] deaths."

May 19, 2022, the El Paso Times had a COVID article on their front page stating, "The current surge in COVID-19 infections in El Paso has been accompanied by an increase in the number of hospital-

ized patients ...". A second article, also on page one of the El Paso Times reported, "There have been 228 "breakthrough" deaths (in El Paso County), those who have died from COVID-19 while fully vaccinated." Tey the government responses and court denials still show that getting vaccinated means inmates are at little risk.

May 19, 2022, The El Paso Times reported on page 5A, Nationwide COVID-19 infections continue to rise, driven by new and more infectious Omicron subvariants, waning immunity from both vaccines and previous infections and fewer people masking up..." The article also stated, "People with medical issues ... should continue precautions such as wearing face coverings and distancing..."

May 19, 2022, USA Today, page 4A reported COVID cases are up 26% from the previous week as reported by the CDC. (quote), "About a third of Americans now live in an area with medium or high COVID-19 rates..." This includes FCI-LA Tuna which is located just West of El Paso Texas. This same article reported that COVID is still killing 275 people per day. (quote) "There are now at least four Omicron subvariants ... but BA.2.12.1 is almost equal to [BA.2] with 47.5%. The newer strains are even more infectious than previous strains adding to the increase in cases."

May 20, 2022, the magazine, "The Week" (www.theweek.com) reported "... the Biden Administration warned this week that a new wave would infect nearly a third of Americans. Cases shot up more than 50% nationwide over the past two weeks, and hospitalizations rose nearly 20% [] COVID czar Ashish Jha warned that a late-2022 surge could infect 100 million people." This would naturally include a higher percentage of inmates who cannot prevent social distancing.

Also, "Data from last winter's Omicron wave, meanwhile, suggest some 42% of deaths in January and February were among vaccinated..." Case laws being quoted to deny motions for compassionate release were prior to the Delta variant, the Omicron variant, and these newer subvariants that are even more contagious.

May 23, 2022, USA Today article on page 7A reported, "Here's a fact: wearing a mask will help reduce the risk of contracting and spreading COVID-19" Note: Even though six staff members at FCI-LA Tuna are currently out due to COVID, many staff at La Tuna do not wear their masks. Some wear their masks yet expose their nose, where experts say most of the virus enters. Staff also does not enforce mask wearing in general areas (TV Room) and inmates do not wear masks when they eat, when they sleep (closer than six feet) or in the public restrooms (shower, brush teeth shave).

The article also stated, "The pandemic always was going to be bad in a nation of 332.7 million people where 1 in 6 are older than 65, more than 4 in 10 adults are obese, and 1 in 8 adults smoke cigarettes." It stated, "The pandemic is not over, according to the Hopkins Coronavirus Resource Center, more than 11,000 Americans have died of COVID-19 in the past month." 19 students get shot at a school and it makes headline news for days yet 11,000 Americans die of COVID in one month and even U.S. District Courts state that there isn't a COVID risk. Many of the deaths (60% in the El Paso Texas area) are people who were "fully" vaccinated.

May 24, 2022, El Paso Times article (page 1A) reported on page one, "Our positivity rate five times higher than what it was at the start of the month." The protection from immunity from January and February 2022 is waning. The article reported, "Of the five new deaths, three were breakthrough cases."

Noteworthy, "On Monday (May 23rd) 28 patients were hospitalized [] As of Monday, there were 44,679 breakthrough cases reported [in the El Paso area], including 1,334 people who required hospitalization." Visit www.E.P.Strong.org which continues to give daily COVID updates for the El Paso area.. The article continued on page 3A but also reported "The cumulative total of breakthrough deaths now is 226." The new strains of Omicron variants are even more contagious meaning more and more Americans (and inmates) will contract COVID, those with underlying health issues will die.

Thank you for reading all the articles in this exhibit. Please visit www.coronavirus.jhu.edu/data/cumulative-cases.html and find the May 26, 2022 article from the Coronavirus Resouce Center at John Hopkins University and Medicine. It reported 4,388 COVID deaths due to Omicron in just one day (Jan 29, 2022). (quote) "As of May 26, 2022 the United States was adding 200,000 new cases a day with 1,107 Americans dying of COVID."

President Biden was elected President stating, "Trust the science." ON Nov 29, 2021 the Centers for Disease Control (CDC) had an article at www.cdc.coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html. The government's "expert" stated, "Social distancing is the best way to reduce COVID-19's spread."

The CDC's own guidelines, provide that social distancing is a cornerstone of reducing transmission of respiratory disease. The U.S. Bureau of Prisons plan to reduce the spread of COVID is not being followed (no six foot rule in the chow line, the commissary line, the laundry drop off or pick-up line, the line to use the phones. Thus, the BOP's "plan" does not include measures for meaningful social distancing, especially in the TV rooms and sleeping areas. See *Torres v Milusnic*, Case No. CV 20-4450, 2020 U.S. Dist LEXIS 131446, at *44 (9th Cir. 2020)

If any U.S. District Court is reading this exhibit, if any public defender is reading this pro se exhibit, please do your own comparison. Because of self tests of COVID at home, the reported cases are under reported. The reason few federal inmates are being reported as COVID positive, the BOP is not testing federal inmates. FCI-LA Tuna has six staff with active cases of COVID and the El Paso area has an influx of the new, "more contagious" Omicron variant. It is proven that up to two days prior to showing symptoms, a person can spread COVID, even those without symptoms can spread COVID. Many staff at FCI-LA Tuna still are not wearing their masks or exposing their noses, thus liekly spread of COVID is still happening even with no tests. Reinfection, even to those fully vaccinated will happen.

June 2, 2022 - USA Today article (page 3B) reported " A reinstated mask mandate at skilled nursing facilities in Los Angeles County after 22 new outbreaks in a single week." Later in the same article, it reported that California's new COVID surge resulted in schools re-instating a mask policy plus, " ... while an outbreak at a Northern California long-term health care facility had sickened 26 residents and staff members..."

The article reported that COVID case counts "are as high as they've been since mid-February and those figures are likely a major undercount because of unreported positive home tests results and asymptomatic infections..." The article quoted the University of Washington that "in Seattle estimated that only 13% of cases were being reported to U.S. Health authorities."

The article further reported "Hospitalizations are up and more than one third of the U.S. population lives in areas that are considered by the Centers for Disease Control and Prevention to be at high risk for COVID."

Crystal Watson, public health lead at Johns Hopkins Center for Health Security's Coronavirus Resource Center was quoted saying, "... and so people are much, much more likely than they anticipate to be exposed and infected."

This would also apply to U.S. Attorneys Offices and U.S. District Courts. The situations at nursing homes are very similar to those inside open dorm prisons. FCI-La Tuna is back to Code Red meaning everyone is supposed to wear masks. Every day both staff and fellow inmates are observed and social distancing is not being followed.

Inmates wait in line for everything standing closer than one foot away from an inmate who isn't wearing their mask or is wearing it improperly. If one inmate or one unmasked staff member has COVID, the more contagious variant will infect hundreds just like the last outbreak in January and February of 2022.

July 1, 2022, USA Today, page 6A article on COVID-19 reported that World Health Organization Director-General, Tedros Adhanom Ghebreyesus stated, "About 8,500 COVID related deaths per day" and that 110 Countries reported a rise in COVID infections drive by the Omicron variants BA.4 and BA.5.

July 6, 2022 Wall Street Journal article on page A3 reported that the Omicron BA.5 variant is now the dominant strain in the United States "... virus experts believe BA.5 is particularly adept at avoiding immune protections built up from prior infections and vaccines, giving it an advantage as it takes over as the major sub-variant. This adds to the possibility that people will contract COVID-19 repeatedly while facing the risk of developing complications such as long-running and sometimes debilitating symptoms."

The article further stated, "The seven day moving average for confirmed, prior day hospital admissions recently surpassed 5,000 per day for the first time since late February. [] Meantime, the U.S. recently averaged slightly more than 300 deaths per day."

July 6, 2022, Wall Street Journal article on page A10 on risks of reinfections, "COVID-19 reinfections can bring some new risks of serious medical problems, hospitalizations, and deaths, a new study has found." The article quoted health experts who stated that the more infectious Omicron sub-variants BA.4 and BA.5 are expected to make reinfections more common. "We're headed into the worst zone of reinfection that we've seen since the pandemic began" - Dr. Eric J. Topol - Scripps Research.

July 8, 2022, El Paso Times (page 2A) reported that Dr. Ocaranza stated, "Six weeks ago, El Paso's weekly average [of COVID] ... was 724 active cases. Since then, coronavirus cases have exploded. Last week [] 5,580 weekly average of active COVID-19 cases." It has been said (not in the article) that liars never figure and figures never lie. The media is political, prior to the mid-term elections, the media will continue to downplay the new wave of COVID. Per the CDC, we need social distancing and masks. Federal prisons cannot provide social distancing and the masks given are not worn properly by both staff and inmates with noses (and mouths) exposed.

LAST PAGE OF COVID ARTICLES

The weekend edition of the USA Today (July 22-24, 2022) had three COVID articles because President Biden contracted COVID even though he had both vaccinations and both boosters. "Biden's symptoms included a runny nose, fatigue, and an occasional dry cough which started Wednesday evening ... doctor said he expect's Biden will respond favorably to the antiviral medicine Paxlovid, as most maximally protected patients do." The article continued on page A-3 reporting that Mrs. Biden tested negative and "she will continue following CDC guidelines with masking and social distancing." (Not being done at FCI-La Tuna)

Another COVID-19 article on page 3_A stated, "Fast moving BA.5 variant makes up 80% of the COVID cases" and "BA.5 symptoms are similar to those seen in previous variants including congestion, headaches, cough and fever." plus reported "BA.5 evades immunity better than BA.4"

The article on Page 3-A reported a quote from Dr. Griffin, an infectious disease specialist, "... Paxlovid is considered more effective than monoclonal antibodies, most of which don't work well against the Omicron variant of the virus and it's subvariants." Inmates do not have access to Paxlovid. Quote: "... many patients have gastrointestinal problems, fatigue and brain fog instead of typical respiratory symptoms..." Inmates reporting to sick call at FCI-La Tuna with the above COVID symptoms are not even being tested for COVID. Inmates live in an open dorm, fellow inmates are heard coughing and blowing their noses, spreading germs to other inmates.

Lastly, the weekend edition of the USA Today (July 22-24-22) had one key article on page 7A on COVID. Quote: "We knew that, particularly against new variants, protection against the spread of COVID for those who have been vaccinated is quite low..." The massive COVID-19 outbreak at FCI-La Tuna in January - February of 2022 (80% infection rate) was Omicron. The CDC reported that about 42% of the Omicron deaths were of patients who were vaccinated. They also report that the vast majority of the COVID-19 deaths are those like the defendant who have underlying health issues that the CDC states put them at risk of severe illness or death if they become reinfected by COVID-19

EXHIBIT 2
~~EXHIBIT 2~~

www.bop.gov/coronavirus numbers at FCI-La Tuna

Date	Inmates Active	Staff Active	Deaths	Inmates Recovered	Staff Recovered	Total inmates with COVID
5/7/21	2	1	2	482	71	486
10/21/21	3	5	2	391	72	396
11/5/21	4	6	2	387	72	393
12/30/21	0	10	2	377	72	377
1/21/22	187	27	2	331	72	520
1/31/22	159	41	2	452	72	613
2/3/22	14	44	2	605	72	621
2/8/22	63	45	2	585	72	650
2/25/22	0	19	2	635	101	637 + 120 Staff

On 2/8/22 FCI-La Tuna had 45 staff with COVID + 72 = 117 total

Staff wear the same light weight blue masks that are given to inmates. During a recent COVID induced quarantine, the inmates were given a box of masks and told to take one and pass. When the box was empty, a fellow inmate showed everyone that the box said three things:

1. Made in China
2. For one time use only. (masks are not exchanged daily at FCI-LA Tuna)
3. Does not prevent COVID-19

On 2/8/22, 650 inmates either had COVID-19 or "recovered" from COVID-19. At the time, FCI-La Tuna had 756 inmates - way over 80%

Experts agree that COVID can be spread 48 hours PRIOR to showing symptoms meaning staff and fellow inmates can pass COVID to other inmates and staff because the masks given do not prevent COVID-19.

Many of the inmates that contracted COVID had both vaccines. One inmate contracted COVID even after receiving his booster. Vaccinated inmates and staff can be carriers even if they don't show symptoms.

Staff force inmates to sit shoulder to shoulder in the chow hall closer than 6 feet, closer than 3 feet, they remove their masks to eat. In the housing units, many inmates don't even wear their masks - the masks that don't prevent COVID-19 anyway, thus 80% infected.



FCI/SCP LA TUNA

INMATE BULLETIN

COVID-19 UPDATE

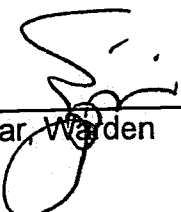
Due to a spike in positive COVID-19 cases continuing to increase in El Paso County and at FCI La Tuna, inmate visiting will be suspended effective, June 26, 2022. A reassessment will be conducted daily, to determine when visiting can resume. We ask that you please communicate with your family and friends to ensure they are aware of the temporary suspension. Please continue to adhere to all agency requirements (wearing face coverings, social distancing, hand hygiene, etc.), to keep our institution safe.

Thank you all for your continued support.

ACTUALIZACIÓN DE COVID 19

Debido a un aumento en los casos positivos de COVID-19 que continúan aumentando en el condado de El Paso y en FCI La Tuna, las visitas de los reclusos se suspenderán a partir del 26 de junio de 2022. Se realizará una reevaluación diariamente para determinar cuándo se pueden reanudar las visitas. Le pedimos que se comuniquen con su familia y amigos para asegurarse de que están al tanto de la suspensión temporal. Por favor, continúe cumpliendo con todos los requisitos de la agencia (usar revestimientos faciales, distanciamiento social, higiene de manos, etc.), para mantener nuestra institución segura.

Gracias a todos por su continuo apoyo.


S. Hajar, Warden

GROENENDAL, JACK 13243040

I stayed home (again).

USA TODAY

JUNE 29, 2022

Steven Petrow

Board of Contributors

USA TODAY

PAGE 74



I feel like a schnuck.

After I tested positive for COVID-19 two weeks ago, my doctor prescribed the anti-viral Paxlovid, which would lessen the severity of the disease. The only hitch, she explained, was that a small percentage of those taking this drug experience "rebound," also called "rapid relapse," meaning they develop symptoms anew after apparent recovery. Even worse, they test positive again shortly after a negative test. She pointed out that even more people might be rebounding than early data showed.

I just wanted to get well fast and get on with my life. I took the Paxlovid.

I used the Centers for Disease Control and Prevention calculator to determine when I could exit my quarantine. Five days at home, followed by up to 10 days of wearing a mask in public from the onset of symptoms. Ugh. I had no problem staying home those first several days since I felt crappy anyway: body aches, a temperature, a sore throat and a cough.

I spent five days in prison — I mean my house — then on Day 6 I got my "get out of jail free" card, which meant I could leave home but should wear a mask in public. I followed the rules and kept interactions to a bare minimum.

Finally, the calculator handed me the news I had been waiting for: no more

dinner with two sets of friends and went on a date — all unmasked.

Four days later, my cough returned, along with the lethargy. I took another COVID test and saw that second bar — positive — appear right away. I was now officially a rebound case. (I alerted the friends I had seen to my new status; fortunately, none of them tested positive.)

I hoped the CDC calculator would be more lenient the second time around. Nope. The guidelines for rebound are the same as for a first case. My upcoming calendar showed drinks with my friend Doug (who has an unvaccinated baby), dinner with a married couple in their 80s and four weekend guests. Did I have to cancel all those plans?

According to the CDC, yes.

People making up their own rules

But here's why I feel like a schnuck: I initially tested positive within days of two friends of mine. Apparently, we had all been infected while together at a workshop in Mexico. One of them, also a rebound case who had new symptoms, mentioned he was flying to a business meeting one day after testing positive. (He should have been isolating.) A week later — when he still should have been masked — he sent me a photo of himself, unmasked, dancing at a crowded festival. "Not fair!" I shouted to myself.

The other friend had tested positive while still in Mexico but decided after three days that she had enough of isolating. Even though she should have remained in lockdown, she flew to Tijuana and walked across a bridge to San Diego — likely still infectious. A mutual friend

was when we still had to take a COVID test before returning home.)

I was stunned by how bold my friends were about breaking the rules.

One of them chastised me for following the CDC guidance, wrongly telling me there was no way my rebound case could infect someone else. According to the CDC, it may still be possible to transmit the virus to other people during a COVID rebound. A recent study documented 10 rebound patients, including two who appear to have infected others. The recommendation: "The presence of high viral load and the occurrence of two transmission events suggest that patients with relapse should isolate until antigen testing is negative."

Arthur Caplan, a medical ethicist at New York University's Grossman School of Medicine, worries about the numbers of us going rogue.

"No one seems to be tracking compliance for those found positive for COVID," he told me. "My impression is that isolating is not well understood, with a large number of people making up their own rules. Sadly, indifference to others is the governing ethic for exposure."

This indifference makes it harder for everyone. It's one thing to stay home. It's another to see others with the same COVID status out and unmasked. Without community norms, doing the right thing can make you feel like a schnuck.

I'm reminded of the 1980s

I remember another time when lax community norms allowed for a different virus to spread like wildfire. Back in the 1980s, at the outset of the HIV/AIDS

doms to reduce the toll from what was then a uniformly fatal disease.

As an HIV educator with the San Francisco AIDS Foundation, I edited a book, "Ending the HIV Epidemic," which focused on changing "group norms to change individual behaviors." We enlisted hunky bartenders to share safer sex information.

Similarly, a billboard featuring two attractive men went up in the Castro District that said: "You won't believe what we like to wear in bed. More and more smart men are slipping into condoms tonight. Protecting themselves and their partners."

Condom use surged, according to a report in the American Journal of Public Health. If you didn't want to use a condom, you became the outlier, rather than the other way around. That's how we began to take care of each other.

How do we take care of each other now? Like so many others, I have COVID-19 fatigue, which is to say I'm tired of the whole pandemic. Although numbers are way down from the peak, we're still averaging more than 100,000 new cases each day and nearly 300 daily deaths. If you don't play by the rules, you put others at risk. It's that simple.

When I canceled drinks with my friend who has the baby, he texted me, "Thanks for being a good human, and friend and retesting." I don't repeat that to praise myself. After all, I was only doing what I'm supposed to do.

Steven Petrow, a writer on civility and manners and a member of USA TODAY's Board of Contributors, is the author of five etiquette books. Follow him on Twitter: @stevenpetrow

BP-A0148

JUNE 10

INMATE REQUEST TO STAFF CDFRM

EXHIBIT A

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) WARDEN HIZAR	DATE: 7-12-22
FROM: JOSE TREVIÑO-MORALES	REGISTER NO.: 27585-064
WORK ASSIGNMENT: UNICOR	UNIT: C

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

SENTENCE REDUCTION REQUEST

PURSUANT TO 8 PS 5050.50 AND THE FIRST STEP AG
18 U.S.C. § 3582 (c) (1) (A) COMPASSIONATE RELEASE, I
AM ASKING FOR A REDUCTION IN SENTENCE BECAUSE:
1) INEFFECTIVE VACCINES, 2) MORE CONTAGIOUS COVID VARIANTS,
3) LACK OF SOCIAL DISTANCING, 4) SENTENCE DISPARITY, 5) POST-
CONVICTION REHABILITATION, 6) MY AGE, 7) LENGTH OF SENTENCE
ALREADY SERVED, AND 8) AT RISK HEALTH ISSUES - SEE MEDICAL
HISTORY WHICH INCLUDES SEVERE HEART ISSUES.

(Do not write below this line)

DISPOSITION: As of Today, Friday August 13 2022, The Warden has not
answer my request.

JOSE TREVIÑO

Signature Staff Member

Date

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

EXHIBIT B ADDENDUM

Exhibit B consists of forty (40) different medical exhibits, just part of a huge inmate medical file. If assigned a public defender, he or she can obtain hundreds of other exhibits if either the court or the government does not concede that the defendant has ample medical issues that qualify for extraordinary and compelling reasons to warrant a reduction in sentence. Please consider the list of medical issues that the Centers for Disease Control (CDC) list as risks if a person becomes reinfected with COVID-19.

B-1, It is eight pages long (front and back) and lists current and past medical issues while in BOP custody. Pages one and two are current issues. The CDC states that four or more comorbidities increase the likelihood of hospitalization or death from COVID.

B-2, Lists prescriptions for defendant due to health issues.

B-3, Defendant is 67 inches tall (5'7") and weighs 200 lbs. PER the Body Mass Index chart (BMI) the defendant's BMI is over 30. This is a category one medical issue that puts the defendant at risk if he becomes reinfected with COVID-19.

B-4, Health encounter dated 3/5/14. Please note the defendant started complaining of chest pains way back in 2014. (quote) "I'm getting nervous because my father had these symptoms - clogged artery."

B-5 Health encounter one day later (3/6/14) report of chest pain.

B-6, health encounter 3/18/14 - repeat complaint of chest pain

B-7, Health encounter 4/28/14 - chest pain plus arm and head

B-8, Dated 1/15/15, informal complaint of defendant's untreated chest pains.

B-9, Dated 1/20/15, confirmation of Tuberculosis treatment

B-10, Dated 7/7/15 - e-mail to health services regarding defendant's chest pain. The defendant humbly asks the court to read this e-mail confirming denied medical care.

B-11, Dated 8/6/15 - letter to the U.S. Bureau of Prisons (BOP) also describing denied care.

B-12 Dated 8/5/15 - Health Services report on more than twelve (12) current medical issues, not to mention obesity (BMI over 30)

B-13, Dated 9/2/15 - Burning chest pain

B-14 Dated 11/4/15 - Reason for hospitalization

B-15, Dated 11/12/15 - Health Service e-mail regarding stronger chest pain plus an additional complaint of shortness of breath.

B-16, Dated 11/22/15 - Health Services e-mail complaining of a very strong chest pain and dizziness.

B-17, Dated 11/24/15 (two pages) - A report from WVU Medicine, 48 yr old male returns for hospital discharge follow-up. The defendant asks the court to read the assessment and plan (note medications)

B-18, Dated 11/24/15 - additional report from above visit stating: "moderately obese (202 lbs), history of hypertension, former smoker and family history of heart disease."

B-19, Dated 11/25/15 - E-mail to health services regarding no open heart surgery with only one blocked artery

B-20, Dated 12/3/15 - request for medical records relating to defendant's cardiac condition (46 pages "not" included)

B-21, Dated May 20, 2016 - Please read 3-page letter to attorney that e plains items for the 3553(a) factors issues re: chest pain that includes blood pressure of 185/145, no stent to open artery (quote) "... eventually requires open heart surgery, but only after additional arteries become blocked." (2)

B-22, (poor quality) Three pages of description of Coronary Artery Disease (CAD) - the defendant still has noted risk factors and the symptoms listed. (Note home care instructions if early release) It states a person should seek immediate medical care. A jurist of reason could dispute the level of care provided by the BOP and may even consider it "deliberate indifference".

B-23, Dated 9/8/16 - Health Services visit - repeat complaint of a "sharp" chest pain plus nasal congestion.

B-24, Dated 1/7/17 - Report from Monongalie General Hospital (Doctor Michael O'Keefe) See page 21 of 29 for a detailed description on the medical procedure on defendant

B-25, Dated 1/17/17 - Clinical Encounter (Medical trip return) that confirms "diagnosed with three-vessel coronary disease ... admitted to Mon General on 1/7/17, had surgery on 1/9/17 and was discharged on the 14th from the hospital..." This encounter stated that the defendant had a history of heart disease and heart surgery.

B-26, Dated 6/7/19 - Dr. Adrian Williamson's report to repair the defendant's nasal obstruction (quote) "Will need medical clearance ... and undergo elective surgery given cardiac history." NOTE: The defendant is still waiting for this needed surgery.

B-27, Dated 2/4/20 - A report from Mon Health and Vascular Center that stated, " I am going to go ahead and order a CT scan of his head as well as a bilateral carotid duplex with his significant history of coronary disease. He could have underlying blockage either in his carotid or in his brain." This is a follow-up of defendant's complaint of headaches and shortness of breath.

B-28, Dated 5/15/21 - Health Services visit - Shows plan of care (prescriptions) and a note that the U.S. Marshal Service had concern of his TB (Tuberculosis) as he was treated for TB. Latent TB is a health issue if a person contracts COVID as it effects breathing.

B-29, Dated 5/18/21 = Health Services visit, please note that with medication to lower blood pressure, defendant's blood pressure reading was 139/88. Hypertension is called the silent killer.

B-30, Dated 5/18/21 - BOP Health Screen shows that the defendant's hypertension was diagnosed 12 years ago, treated with Lisinopril. This screening shared Dyspnea with moderate exercise, the defendant struggles to breath still and has chest pain during times of stress.

B-31, Dated 6/8/21 - Clinical Encounter (quote) "Long history of sinus and nasal issues, was previously recommended and approved for surgery (2019/2020) but refused so he could transfer? With the COVID lockdowns and uncertainty of "when" surgery would be performed, the defendant chose to defer medical treatment until after his transfer.

B-32, Dated 6/8/21 - Two pages - please review the ten (10) current medical issues including acute sinusitis and a deviated nasal septum along with a nasal polyp.

B-33, Dated 10/21/21 - Clinical Visit - See assessment - history of painful left testicular cyst - lack of follow-up. Think of the pain you felt when kicked or when something struck your private parts but nothing was done for that pain.

B-34, Dated 11/1/21 (two pages) - Clinical visit - Still in pain (left testicle) now off site urology appointment

B-35, Dated 11/24/21 - Clinical visit (two pages) (quote) "Inmate is here to follow-up after seeing the cardiologist." History of heart disease. Page two lists current medications including Tamsulosin for his prostate issues. The CDC states prostate issues a serious risk if reinfected with COVID.

B-36, Dated 12/28/21 (two pages) - Follow-up after a visit with an ear nose and throat (ENT) specialist. Even though Flonase did not help, defendant was told to purchase items from the prison's commissary for his nasal issues.

B-37, Dated 1/13/22 - Defendant contracted COVID (Omicron) even though he was fully vaccinated. He is very concerned that the newer, more contagious variants will cause yet another severe COVID outbreak. As of July 8, 2022, ten (10) staff have positive COVID cases.

B-38, Dated 4/27/22 - Clinical visit (4 pages) - Patient is age 55 "He has noted some increased shortness of breath with exertion following diagnoses of COVID" It has been reported that 30% of those who contract COVID have symptoms of "long COVID" which includes shortness of breath.

B-39, Dated 6/1/22 - Clinical visit for preventive health. Please note the lack of exercise and long COVID symptoms led to increased weight, defendant's BMI is now at 35.1 which continues to make him at risk of severe illness or death if he becomes reinfected.

B-40, - Current print-out of vaccinations. Note: Defendant received a booster on 1/7/22 yet contracted COVID on 1/13/22. Reports on the new BA.4 and BA.5 Omicron variants show that even the boosters will not prevent infection. Even recent infections are becoming reinfected.

Again, the enclosed 40 exhibits are only a small portion of the defendant's complete medical file. The assigned public defender can obtain additional medical records if needed. The motion itself will include support cases of other inmates with the same medical issues that were granted compassionate release. The defendant knows he is at risk and humbly asks the court to consider a reduction in sentence or allow home confinement so he can practice social distancing and get the needed medical care noted.

EXHIBIT B ADDENDUM

Exhibit B consists of forty (40) different medical exhibits, just part of a huge inmate medical file. If assigned a public defender, he or she can obtain hundreds of other exhibits if either the court or the government does not concede that the defendant has ample medical issues that qualify for extraordinary and compelling reasons to warrant a reduction in sentence. Please consider the list of medical issues that the Centers for Disease Control (CDC) list as risks if a person becomes reinfected with COVID-19.

B-1, It is eight pages long (front and back) and lists current and past medical issues while in BOP custody. Pages one and two are current issues. The CDC states that four or more comorbidities increase the likelihood of hospitalization or death from COVID.

B-2, Lists prescriptions for defendant due to health issues.

B-3, Defendant is 67 inches tall (5'7") and weighs 200 lbs. PER the Body Mass Index chart (BMI) the defendant's BMI is over 30. This is a category one medical issue that puts the defendant at risk if he becomes reinfected with COVID-19.

B-4, Health encounter dated 3/5/14. Please note the defendant started complaining of chest pains way back in 2014. (quote) "I'm getting nervous because my father had these symptoms - clogged artery."

B-5 Health encounter one day later (3/6/14) report of chest pain.

B-6, health encounter 3/18/14 - repeat complaint of chest pain

B-7, Health encounter 4/28/14 - chest pain plus arm and head

B-8, Dated 1/15/15, informal complaint of defendant's untreated chest pains.

B-9, Dated 1/20/15, confirmation of Tuberculosis treatment

B-10, Dated 7/7/15 - e-mail to health services regarding defendant's chest pain. The defendant humbly asks the court to read this e-mail confirming denied medical care.

B-11, Dated 8/6/15 - letter to the U.S. Bureau of Prisons (BOP) also describing denied care.

B-12 Dated 8/5/15 - Health Services report on more than twelve (12) current medical issues, not to mention obesity (BMI over 30)

B-13, Dated 9/2/15 - Burning chest pain

B-14 Dated 11/4/15 - Reason for hospitalization

B-15, Dated 11/12/15 - Health Service e-mail regarding stronger chest pain plus an additional complaint of shortness of breath.

B-16, Dated 11/22/15 - Health Services e-mail complaining of a very strong chest pain and dizziness.

B-17, Dated 11/24/15 (two pages) - A report from WVU Medicine, 48 yr old male returns for hospital discharge follow-up. The defendant asks the court to read the assessment and plan (note medications)

B-18, Dated 11/24/15 - additional report from above visit stating: "moderately obese (202 lbs), history of hypertension, former smoker and family history of heart disease."

B-19, Dated 11/25/15 - E-mail to health services regarding no open heart surgery with only one blocked artery

B-20, Dated 12/3/15 - request for medical records relating to defendant's cardiac condition (46 pages "not" included)

B-21, Dated May 20, 2016 - Please read 3-page letter to attorney that explains items for the 3553(a) factors issues re: chest pain that includes blood pressure of 185/145, no stent to open artery (quote) "... eventually requires open heart surgery, but only after additional arteries become blocked." (2)

B-22, (poor quality) Three pages of description of Coronary Artery Disease (CAD) - the defendant still has noted risk factors and the symptoms listed. (Note home care instructions if early release) It states a person should seek immediate medical care. A jurist of reason could dispute the level of care provided by the BOP and may even consider it "deliberate indifference".

B-23, Dated 9/8/16 - Health Services visit - repeat complaint of a "sharp" chest pain plus nasal congestion.

B-24, Dated 1/7/17 - Report from Monongalie General Hospital (Doctor Michael O'Keefe) See page 21 of 29 for a detailed description on the medical procedure on defendant

B-25, Dated 1/17/17 - Clinical Encounter (Medical trip return) that confirms "diagnosed with three-vessel coronary disease ... admitted to Mon General on 1/7/17, had surgery on 1/9/17 and was discharged on the 14th from the hospital..." This encounter stated that the defendant had a history of heart disease and heart surgery.

B-26, Dated 6/7/19 - Dr. Adrian Williamson's report to repair the defendant's nasal obstruction (quote) "Will need medical clearance ... and undergo elective surgery given cardiac history." NOTE: The defendant is still waiting for this needed surgery.

B-27, Dated 2/4/20 - A report from Mon Health and Vascular Center that stated, " I am going to go ahead and order a CT scan of his head as well as a bilateral carotid duplex with his significant history of coronary disease. He could have underlying blockage either in his carotid or in his brain." This is a follow-up of defendant's complaint of headaches and shortness of brath.

B-28, Dated 5/15/21 - Health Services visit - Shows plan of care (prescriptions) and a note that the U.S. Marshal Sevice had concern of his TB (Tuberculosis) as he was treated for TB. Latent TB is a health issue if a person contracts COVID as it effects breathing.

B-29, Dated 5/18/21 = Health Services visit, please note that with medication to lower blood pressure, defendant's blood pressure reading was 139/88. Hypertension is called the silent killer.

B-30, Dated 5/18/21 - BOP Health Screen shows that the defendant's hypertension was diagnosed 12 years ago, treated with Lisinopril. This screening shared Dyspnea with moderate exercise, the defendant struggles to breath still and has chest pain during times of stress.

B-31, Dated 6/8/21 - Clinical Encounter (quote) "Long history of sinus and nasal issues, was previously recommended and approved for surgery (2019/2020) but refused so he could transfer? With the COVID lockdowns and uncertainty of "when" surgery would be performed, the defendant chose to defer medical treatment until after his transfer.

B-32, Dated 6/8/21 - Two pages - please review the ten (10) current medical issues including acute sinusitis and a deviated nasal septum along with a nasal polyp.

B-33, Dated 10/21/21 - Clinical Visit - See assessment - history of painful left testicular cyst - lack of follow-up. Think of the pain you felt when kicked or when something struck your private parts but nothing was done for that pain.

B-34, Dated 11/1/21 (two pages) - Clinical visit - Still in pain (left testicle) now off site urology appointment

B-35, Dated 11/24/21 - Clinical visit (two pages) (quote) "Inmate is here to follow-up after seeing the cardiologist." History of heart disease. Page two lists current medications including Tamsulosin for his prostate issues. The CDC states prostate issues a serious risk if reinfected with COVID.

B-36, Dated 12/28/21 (two pages) - Follow-up after a visit with an ear nose and throat (ENT) specialist. Even though Flonase did not help, defendant was told to purchase items from the prison's commissary for his nasal issues.

(4)

~~B-37, Dated 1/13/22 - Defendant contracted COVID, even though he was~~

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**Bureau of Prisons
Health Services
Health Problems**

EXHIBIT B-1

Reg #: 27585-064		Inmate Name: TREVINO-MORALES, JOSE		1 of 8	
Description	Axis	Code Type	Code	Diag. Date	Status Date
Current					
Hyperlipidemia, mixed	III	ICD-9	272.2	11/09/2015	Current
08/22/2017 12:18 EST Nolte, James FNP					11/09/2015
VS compl					
EKG-2/2017 (NSR)					
10 YR CHD risk-2.2% (7/2017)					
Metabolic Syndrome-No	III	ICD-9	272.2	11/09/2015	Current
11/09/2015 09:13 EST Nolte, James FNP					11/09/2015
Hypermetropia	III	ICD-9	367.0	02/18/2015	Current
02/18/2015 09:48 EST Van Horn, Cheryl O.D.					02/18/2015
Hyperopic astigmatism w / presbyopia					
Refractive amblyopia	III	ICD-9	368.03	02/18/2015	Current
02/18/2015 09:48 EST Van Horn, Cheryl O.D.					02/18/2015
OS 20/30-2					
Hypertension, Benign Essential	III	ICD-9	401.1	09/13/2013	Current
08/22/2017 12:18 EST Nolte, James FNP					09/13/2013
Vitals completed, Fundoscopy completed					
CXR-4/2017 (WNL)					
EKG-2/2017 (NSR)	III	ICD-9	401.1	09/13/2013	Current
07/10/2015 15:24 EST Arnel, Amy PA-C					09/13/2013
EKG: 3/6/14					
chest xray: 12/29/14					
fundoscopy: 2/18/15 (optometry)	III	ICD-9	401.1	09/13/2013	Current
pneumovax: refused 12/22/14					
09/13/2013 10:12 EST Gomez, Jose MLP					09/13/2013
ASCVD, Cardiovascular disease, unspecified	III	ICD-9	429.2	11/05/2015	Current
05/31/2018 15:32 EST Adams, Emmanuel MD					11/09/2015
CABG x 3 - 01/2017	III	ICD-9	429.2	11/05/2015	Current
08/22/2017 12:18 EST Nolte, James FNP					11/09/2015
CABG x 3 - 11/2015	III	ICD-9	429.2	11/09/2015	Current
11/09/2015 09:32 EST Nolte, James FNP					11/09/2015
Card Cath on 11/5/2015	III	ICD-9	429.2	11/09/2015	Current
11/09/2015 09:13 EST Nolte, James FNP					11/09/2015
BPH, Benign Hypertrophy of Prostate	III	ICD-9	429.2	11/09/2015	Current

EXHIBIT B-1

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Bureau of Prisons - LAT

Generated 07/12/2022 13:05 by Berry, Allison HIT

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Inmate Name: TREVINO-MORALES, JOSE

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
04/15/2021 12:52 EST Adams, Emmanuel (MAT) MD Reported having retrograde ejaculation (06/2017); known side effect of Flomax.	III	ICD-9	600.00	09/24/2013	Current	09/24/2013
06/06/2017 12:05 EST Adams, Emmanuel MD Side effect of abnormal ejaculation 2/2 alpha blockage from Flomax	III	ICD-9	600.00	09/24/2013	Current	09/24/2013
09/24/2013 11:02 EST Gomez, Jose MLP LTBI Prophyl Complete in BOP	III	ICD-9	600.00	09/24/2013	Current	09/24/2013
03/23/2017 07:25 EST Newcomb, Laryn RN/IOP/IDC	III	ICD-10	795.5B	03/24/2015	Current	03/23/2017
02/23/2016 07:20 EST SYSTEM	III	ICD-9	795.5B	03/24/2015	Resolved	03/24/2015
03/24/2015 13:56 EST Newcomb, Laryn RN/IOP/IDC	III	ICD-9	795.5B	03/24/2015	Current	03/24/2015
Astigmatism						
08/16/2021 13:47 EST Clark, Kevin O.D. bilateral		ICD-10	H52209	08/16/2021	Current	
Presbyopia						
08/16/2021 13:47 EST Clark, Kevin O.D.		ICD-10	H524	08/16/2021	Current	
Deviated nasal septum						
08/22/2017 12:19 EST Nolte, James FNP Trauma from MVA in the early 2000's		ICD-10	J342	08/22/2017	Current	
Unspecified diseases of pulp and periapical tissues						
08/25/2021 17:04 EST Parker, James DDS #11 tooth sensitivity		ICD-10	K0490	08/25/2021	Current	
Gastro-esophageal reflux disease without esophagitis						
09/03/2019 15:23 EST Resh, J. CRNP		ICD-10	K219	09/03/2019	Current	
Inguinal hernia						
01/10/2019 15:30 EST Resh, J. CRNP left		ICD-10	K4090	01/10/2019	Current	
Spermatocele of epididymis, unspecified						
11/01/2021 15:54 EST Cardi, Rachel (MAT) PA-C 2.6 mm Left		ICD-10	N4340	2019	Current	
Presence of aortocoronary bypass graft						
01/17/2017 13:21 EST Adams, Emmanuel MD Surgery - 01/09/17		ICD-10	Z951	01/17/2017	Current	

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Resolved

Chronic apical periodontitis

Inmate Name: TREVINO-MORALES, JOSE

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
11/01/2021 15:52 EST Cardi, Rachel (MAT) PA-C #19	III	ICD-9	522.6	05/01/2015	Resolved	11/01/2021
05/01/2015 14:03 EST Chipps, Tammy L. DDS #19	III	ICD-9	522.6	05/01/2015	Current	05/01/2015
Unspecified unsatisfactory restoration of tooth						
11/01/2021 15:52 EST Cardi, Rachel (MAT) PA-C	III	ICD-9	525.60	04/24/2014	Resolved	11/01/2021
04/24/2014 15:31 EST Davis, J. DDS	III	ICD-9	525.60	04/24/2014	Current	04/24/2014
Cellulitis and abscess of mouth						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	528.3	08/28/2015	Resolved	11/09/2015
11/09/2015 09:13 EST Nolte, James FNP	III	ICD-9	528.3	08/28/2015	Resolved	11/09/2015
08/28/2015 10:34 EST Armel, Amy PA-C	III	ICD-9	528.3	08/28/2015	Current	08/28/2015
Other constipation						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	564.09	03/26/2015	Resolved	03/26/2015
03/26/2015 09:27 EST Nolte, Christina PA-C	III	ICD-9	564.09	03/26/2015	Resolved	03/26/2015
Penis, Unspecified disorder of penis						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	607.9	09/25/2014	Resolved	07/10/2015
dry, irritated						
07/10/2015 15:24 EST Armel, Amy PA-C	III	ICD-9	607.9	09/25/2014	Resolved	07/10/2015
dry, irritated						
09/25/2014 13:05 EST Massa, David MD	III	ICD-9	607.9	09/25/2014	Current	09/25/2014
dry, irritated						
Osteoarthritis, localized, primary, shoulder						
11/01/2021 15:53 EST Cardi, Rachel (MAT) PA-C	III	ICD-9	715.11	12/22/2014	Resolved	11/01/2021
Left A-C Joint Arthrosis (MRI - 06/23/14)						
08/22/2017 12:18 EST Nolte, James FNP	III	ICD-9	715.11	12/22/2014	Remission	08/22/2017
Left A-C Joint Arthrosis (MRI - 06/23/14)						
12/22/2014 11:11 EST Mims, Gregory MD/CD	III	ICD-9	715.11	12/22/2014	Current	12/22/2014
Left A-C Joint Arthrosis (MRI - 06/23/14)						
Spinal stenosis of cervical region						
11/01/2021 15:53 EST Cardi, Rachel (MAT) PA-C	III	ICD-9	723.0	09/25/2014	Resolved	11/01/2021
05/22/2019 15:33 EST Bird, Leigh PA-C	III	ICD-9	723.0	09/25/2014	Remission	05/22/2019
09/25/2014 13:05 EST Massa, David MD	III	ICD-9	723.0	09/25/2014	Current	09/25/2014
Low back pain, lumbago						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	724.2	02/20/2014	Resolved	12/22/2014
12/22/2014 11:01 EST Mims, Gregory MD/CD	III	ICD-9	724.2	02/20/2014	Resolved	12/22/2014
02/20/2014 14:38 EST Massa, David MD	III	ICD-9	724.2	02/20/2014	Current	02/20/2014

Reg #: 27585-064 Inmate Name: TREVINO-MORALES, JOSE

<u>Description</u>	<u>Axis</u>	<u>Code</u>	<u>Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Other specified disorders of shoulder							
11/01/2021 15:52 EST Cardi, Rachel (MAT) PA-C	III	ICD-9		726.19	12/22/2014	Resolved	11/01/2021
Left Supraspinatus Tendinosis (MRI - 06/23/14)							
08/22/2017 12:18 EST Nolte, James FNP	III	ICD-9		726.19	12/22/2014	Remission	08/22/2017
Left Supraspinatus Tendinosis (MRI - 06/23/14)							
12/22/2014 11:08 EST Mims, Gregory MD/CD	III	ICD-9		726.19	12/22/2014	Current	12/22/2014
Left Supraspinatus Tendinosis (MRI - 06/23/14)							
12/22/2014 11:08 EST Mims, Gregory MD/CD	III	ICD-9		726.19	12/22/2014	Current	12/22/2014
Left Supraspinatus Tendinosis							
Other chest pain							
06/06/2017 11:53 EST Adams, Emmanuel MD	III	ICD-9		786.59	07/30/2015	Resolved	06/06/2017
07/30/2015 09:30 EST Nolte, James FNP	III	ICD-9		786.59	07/30/2015	Current	07/30/2015
Urethral discharge							
02/23/2016 07:20 EST SYSTEM	III	ICD-9		788.7	07/17/2014	Resolved	12/22/2014
12/22/2014 11:01 EST Mims, Gregory MD/CD	III	ICD-9		788.7	07/17/2014	Resolved	12/22/2014
07/17/2014 11:54 EST Massa, David MD	III	ICD-9		788.7	07/17/2014	Current	07/17/2014
Abdominal pain							
02/23/2016 07:20 EST SYSTEM	III	ICD-9		789.0	07/07/2015	Resolved	07/10/2015
suprapubic extending into testicles; UA negative							
07/10/2015 15:24 EST Armel, Amy PA-C	III	ICD-9		789.0	07/07/2015	Resolved	07/10/2015
suprapubic extending into testicles; UA negative							
07/07/2015 11:35 EST Armel, Amy PA-C	III	ICD-9		789.0	07/07/2015	Current	07/07/2015
suprapubic extending into testicles; UA negative							
LTBI On Prophylaxis							
02/23/2016 07:20 EST SYSTEM	III	ICD-9		795.5A	12/22/2014	Resolved	03/24/2015
completed INH/rifampentine 3/24/2015							
03/24/2015 13:56 EST Newcomb, Laryn RN/IOP/IDC	III	ICD-9		795.5A	12/22/2014	Resolved	03/24/2015
completed INH/rifampentine 3/24/2015							
03/24/2015 13:55 EST Newcomb, Laryn RN/IOP/IDC	III	ICD-9		795.5A	12/22/2014	Current	12/22/2014
completed INH/rifampentine 3/24/2015							
12/22/2014 11:01 EST Mims, Gregory MD/CD	III	ICD-9		795.5A	12/22/2014	Current	12/22/2014
Agreed to treatment							
LTBI Propy Refused							
02/23/2016 07:20 EST SYSTEM	III	ICD-9		795.5D	02/24/2014	Resolved	12/22/2014
12/22/2014 11:01 EST Mims, Gregory MD/CD	III	ICD-9		795.5D	02/24/2014	Resolved	12/22/2014
04/29/2014 18:42 EST Birchler, Mary RN IOP/IDC	III	ICD-9		795.5D	02/24/2014	Current	04/29/2014

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Sprain and strain of supraspinatus (muscle) (tend)					5 of 8	
11/01/2021 15:52 EST Cardi, Rachel (MAT) PA-C	III	ICD-9	840.6	12/22/2014	Resolved	11/01/2021
Left Supraspinatus Tendinosis (MRI - 06/23/14)						
08/22/2017 12:18 EST Nolte, James FNP	III	ICD-9	840.6	12/22/2014	Remission	08/22/2017
Left Supraspinatus Tendinosis (MRI - 06/23/14)						
12/22/2014 11:08 EST Mims, Gregory MD/CD	III	ICD-9	840.6	12/22/2014	Current	12/22/2014
Left Supraspinatus Tendinosis (MRI - 06/23/14)						
12/22/2014 11:08 EST Mims, Gregory MD/CD	III	ICD-9	840.6	12/22/2014	Current	12/22/2014
Superior glenoid labrum lesion						
11/01/2021 15:52 EST Cardi, Rachel (MAT) PA-C	III	ICD-9	840.7	12/22/2014	Resolved	11/01/2021
Left Superior Labral anteroposterior tear extending to involve the anterior labrum (MRI - 06/23/14)						
08/22/2017 12:18 EST Nolte, James FNP	III	ICD-9	840.7	12/22/2014	Remission	08/22/2017
Left Superior Labral anteroposterior tear extending to involve the anterior labrum (MRI - 06/23/14)						
12/22/2014 11:08 EST Mims, Gregory MD/CD	III	ICD-9	840.7	12/22/2014	Current	12/22/2014
Left Superior Labral anteroposterior tear extending to involve the anterior labrum (MRI - 06/23/14)						
Limited Oral Evaluation - Problem Focused						
06/06/2017 11:54 EST Adams, Emmanuel MD	III	ICD-9	D0140	06/11/2014	Resolved	06/06/2017
06/11/2014 14:39 EST Dawson, Bryan DDS	III	ICD-9	D0140	06/11/2014	Current	06/11/2014
Lesion of plantar nerve (plantar fasciitis)						
05/22/2019 15:33 EST Bird, Leigh PA-C			G5760	04/22/2016	Resolved	05/22/2019
04/22/2016 11:00 EST Nolte, James FNP			G5760	04/22/2016	Current	
Corneal scar and opacity						
09/11/2018 08:56 EST Sommer, Jennifer OD			H179	07/18/2017	Resolved	09/11/2018
amiodarone whorl keratopathy						
07/18/2017 10:30 EST Sommer, Jennifer OD			H179	07/18/2017	Current	
amiodarone whorl keratopathy						
Angina pectoris, unspecified						
11/01/2021 15:53 EST Cardi, Rachel (MAT) PA-C			I209	05/17/2016	Resolved	11/01/2021
09/12/2017 07:43 EST Nolte, James FNP			I209	05/17/2016	Remission	09/12/2017
05/17/2016 10:17 EST Arnel, Amy PA-C			I209	05/17/2016	Current	
Acute sinusitis						
11/01/2021 15:51 EST Cardi, Rachel (MAT) PA-C			J0190	08/26/2020	Resolved	11/01/2021
symptoms >14 days						

Inmate Name: TREVINO-MORALES, JOSE

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<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/26/2020 08:51 EST Armel, Amy PA-C symptoms >14 days	ICD-10		J0190	08/26/2020	Current	
Acute bronchitis, unspecified						
05/11/2020 10:41 EST Adams, Emmanuel MD	ICD-10		J209	07/29/2019	Resolved	05/11/2020
07/29/2019 08:11 EST Bird, Leigh PA-C	ICD-10		J209	07/29/2019	Current	
Nasal polyp, unspecified						
11/01/2021 15:51 EST Cardi, Rachel (MAT) PA-C	ICD-10		J339	08/22/2017	Resolved	11/01/2021
sig hx of cocaine use and trauma						
08/22/2017 12:19 EST Nolte, James FNP	ICD-10		J339	08/22/2017	Current	
sig hx of cocaine use and trauma						
Periapical abscess without sinus						
05/22/2019 15:33 EST Bird, Leigh PA-C	ICD-10		K047	11/08/2016	Resolved	05/22/2019
11/08/2016 09:10 EST DuBois, Scott DDS	ICD-10		K047	11/08/2016	Current	
Retained dental root						
11/09/2017 14:29 EST Vargas, Leira DMD/MXR Support Dentist	ICD-10		K083	09/15/2017	Resolved	11/09/2017
tooth #3						
09/15/2017 13:00 EST Hamilton, Thomas DDS	ICD-10		K083	09/15/2017	Current	
tooth #3						
Constipation, unspecified						
05/22/2019 15:33 EST Bird, Leigh PA-C	ICD-10		K5900	12/20/2018	Resolved	05/22/2019
12/20/2018 14:45 EST Armel, Amy PA-C	ICD-10		K5900	12/20/2018	Current	
Cutaneous abscess, unspecified						
07/10/2017 11:48 EST Nolte, James FNP	ICD-10		L0291	07/03/2017	Resolved	07/10/2017
Right Buttocks						
07/03/2017 10:48 EST Nolte, James FNP	ICD-10		L0291	07/03/2017	Current	
Right Buttocks						
Nontraumatic hematoma of soft tissue						
05/22/2019 15:33 EST Bird, Leigh PA-C	ICD-10		M7981	06/07/2018	Resolved	05/22/2019
06/07/2018 08:33 EST Armel, Amy PA-C	ICD-10		M7981	06/07/2018	Current	
Urinary tract infection, site not specified						
05/11/2020 10:42 EST Adams, Emmanuel MD	ICD-10		N390	06/04/2019	Resolved	05/11/2020
08/08/2019 09:14 EST Bird, Leigh PA-C	ICD-10		N390	06/04/2019	Current	08/08/2019
07/29/2019 08:11 EST Bird, Leigh PA-C	ICD-10		N390	06/04/2019	Resolved	07/29/2019
06/04/2019 17:56 EST Bird, Leigh PA-C	ICD-10		N390	06/04/2019	Current	
Inflammatory disease of prostate, unspecified						

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Reg #: 27585-064

Inmate Name: TREVINO-MORALES, JOSE

7 of 8

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
05/22/2019 15:33 EST Bird, Leigh PA-C		ICD-10	N419	11/26/2018	Resolved	05/22/2019
11/26/2018 13:37 EST Mayer, D. PA-C		ICD-10	N419	11/26/2018	Current	
Epididymitis						
01/10/2019 15:30 EST Resh, J. CRNP		ICD-10	N451	11/09/2018	Resolved	01/10/2019
11/09/2018 08:31 EST Mayer, D. PA-C		ICD-10	N451	11/09/2018	Current	
LTBI Pending Tx Eval						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	P795.5	09/13/2013	Resolved	02/24/2014
04/29/2014 18:42 EST Birchler, Mary RN IOP/IDC	III	ICD-9	P795.5	09/13/2013	Resolved	02/24/2014
09/13/2013 10:17 EST Gomez, Jose MLP	III	ICD-9	P795.5	09/13/2013	Current	09/13/2013
Unspecified abdominal pain						
05/22/2019 15:33 EST Bird, Leigh PA-C		ICD-10	R109	03/07/2018	Resolved	05/22/2019
RUQ						
03/07/2018 07:43 EST Armel, Amy PA-C		ICD-10	R109	03/07/2018	Current	
RUQ						
Pain, unspecified						
11/09/2017 14:30 EST Vargas, Leira DMD/MXR Support Dentist		ICD-10	R52	09/15/2017	Resolved	11/09/2017
09/15/2017 13:00 EST Hamilton, Thomas DDS		ICD-10	R52	09/15/2017	Current	
Prediabetes						
05/11/2020 10:42 EST Adams, Emmanuel MD		ICD-10	R7303	04/22/2019	Resolved	05/11/2020
HA1c - 5.6						
04/22/2019 09:20 EST Adams, Emmanuel MD		ICD-10	R7303	04/22/2019	Current	
HA1c - 5.8						
Confirmed case COVID-19						
01/24/2022 18:41 EST Cardi, Rachel (MAT) PA-C		ICD-10	U07.1	01/13/2022	Resolved	01/24/2022
01/13/2022 12:25 EST Cardi, Rachel (MAT) PA-C		ICD-10	U07.1	01/13/2022	Current	
Counseling NOS						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V65.40	09/13/2013	Resolved	09/13/2013
09/13/2013 10:12 EST Gomez, Jose MLP	III	ICD-9	V65.40	09/13/2013	Resolved	09/13/2013
Other medical exam for administrative purposes						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.3	09/13/2013	Resolved	09/13/2013
09/13/2013 10:12 EST Gomez, Jose MLP	III	ICD-9	V70.3	09/13/2013	Resolved	09/13/2013
Examination for medicolegal reasons						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V70.4	04/30/2014	Resolved	12/22/2014
Exam for ongoing complaints of chest pain left arm pain nothing found xray of neck results pending						

Reg #: 27585-064

Inmate Name: TREVINO-MORALES, JOSE

8 OF 8

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
12/22/2014 11:01 EST Mims, Gregory MD/CD Exam for ongoing complaints of chest pain left arm pain nothing fouwnd xray of neck results pending	III	ICD-9	V70.4	04/30/2014	Resolved	12/22/2014
04/30/2014 13:50 EST Loranth, Victor MD CD Exam for ongoing complaints of chest pain left arm pain nothing fouwnd xray of neck results pending	III	ICD-9	V70.4	04/30/2014	Current	04/30/2014
Body Mass Index 35.0-35.9, adult						
05/11/2020 10:42 EST Adams, Emmanuel MD	III	ICD-9	V85.35	11/09/2015	Resolved	05/11/2020
11/09/2015 09:13 EST Nolte, James FNP	III	ICD-9	V85.35	11/09/2015	Current	11/09/2015
Coronavirus COVID-19 test negative						
06/09/2021 17:31 EST Cardi, Dean (MAT) DO/CD		ICD-10	Z03818-	06/04/2021	Resolved	06/09/2021
06/07/2021 14:11 EST Cardi, Rachel (MAT) PA-C		ICD-10	Z03818-	06/04/2021	Current	
Body mass index (BMI) 34.0-34.9, adult						
11/01/2021 15:51 EST Cardi, Rachel (MAT) PA-C		ICD-10	Z6834	05/11/2020	Resolved	11/01/2021
BMI - 34.9						
05/11/2020 10:42 EST Adams, Emmanuel MD		ICD-10	Z6834	05/11/2020	Current	
BMI - 34.9						
Current						
Overweight						
44/09/2015-09:43 EST Nolte, James FNP	III	ICD-9	278.02	09/13/2013	Current	09/13/2013
--duplicate						
09/13/2013 10:12 EST Gomez, Jose MLP	III	ICD-9	278.02	09/13/2013	Current	09/13/2013
Low vision, both eyes, NOS						
02/18/2015-09:48 EST Van Horn, Cheryl O.D.	III	ICD-9	369.20	09/13/2013	Current	09/13/2013
--Not a low vision patient; correctable to 20/20.						
09/13/2013 10:12 EST Gomez, Jose MLP	III	ICD-9	369.20	09/13/2013	Current	09/13/2013

8078

Total: 59

**Bureau of Prisons
Health Services
Medication Summary
Current as of 07/12/2022 13:06**

B-2

Complex: LAT--LA TUNA FCI	Begin Date: N/A	End Date: N/A
Inmate: TREVINO-MORALES, JOSE	Reg #: 27585-064	Quarter: F02-247L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

amLODIPine 5 MG TAB

Take one tablet (5 MG) by mouth each day

Rx#: 169823-LAT **Doctor:** Cardi, Dean (MAT) DO/CD

Start: 04/27/22 **Exp:** 04/27/23

Pharmacy Dispensings: 90 TAB in 77 days

Aspirin 81 MG EC Tab

Take one tablet (81 MG) by mouth each day

Rx#: 169824-LAT **Doctor:** Cardi, Dean (MAT) DO/CD

Start: 04/27/22 **Exp:** 04/27/23

Pharmacy Dispensings: 90 TAB in 77 days

Atorvastatin 80 MG TAB

Take one tablet (80 MG) by mouth every night at bedtime

Rx#: 169825-LAT **Doctor:** Cardi, Dean (MAT) DO/CD

Start: 04/27/22 **Exp:** 04/27/23

Pharmacy Dispensings: 90 tab in 77 days

Ipratropium Nasal Spray 15ml 0.06%

Spray one puff in each nostril twice daily "Empty container is to be returned for refill"

Rx#: 169826-LAT **Doctor:** Cardi, Dean (MAT) DO/CD

Start: 04/27/22 **Exp:** 10/24/22

Pharmacy Dispensings: 45 ML in 77 days

Lisinopril 20 MG Tab

Take one tablet (20 MG) by mouth each day

Rx#: 169827-LAT **Doctor:** Cardi, Dean (MAT) DO/CD

Start: 04/27/22 **Exp:** 04/27/23

Pharmacy Dispensings: 90 TAB in 77 days

Metoprolol Tartrate 25 MG Tab

Take one tablet (25 MG) by mouth twice daily

Rx#: 169828-LAT **Doctor:** Cardi, Dean (MAT) DO/CD

Start: 04/27/22 **Exp:** 04/27/23

Pharmacy Dispensings: 180 TAB in 77 days

Nitroglycerin SL 0.4 MG Tab [25 count]

Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff

Rx#: 169829-LAT **Doctor:** Cardi, Dean (MAT) DO/CD

Start: 04/27/22 **Exp:** 04/27/23

Pharmacy Dispensings: 0 TAB in 77 days

Complex: LAT--LA TUNA FCI

Begin Date: N/A

End Date: N/A

Inmate: TREVINO-MORALES, JOSE

Reg #: 27585-064

Quarter: F02-247L

Active Prescriptions

Tamsulosin HCl 0.4 MG Cap

Take two capsules (0.8 MG) by mouth each evening with food

Rx#: 169830-LAT**Doctor:** Cardi, Dean (MAT) DO/CD**Start:** 04/27/22**Exp:** 04/27/23**Pharmacy Dispensings:** 180 Cap in 77 days

Inmate Name:	TREVINO-MORALES, JOSE	Sex:	M	Race:	WHITE	Reg #:	27585-064
Date of Birth:	12/23/1966	Provider:	Gomez, Jose MLP	Facility:	FTW	Unit:	J01
Encounter Date:	09/13/2013 08:43						

Immunizations:

B-3

Hepatitis A and B (TwinRx) Series Administration: History Unknown, Not Administered**Documented Date:** 09/13/2013 09:51 EST**Immunization Date:****Provider:** Gomez, Jose MLP**Measles/Mumps/Rubella Series Administration:** History Unknown, Not Administered**Documented Date:** 09/13/2013 09:51 EST**Immunization Date:****Provider:** Gomez, Jose MLP**Smallpox Series Administration:** History Unknown, Not Administered**Documented Date:** 09/13/2013 09:51 EST**Immunization Date:****Provider:** Gomez, Jose MLP**Tetanus Administration:** History Unknown, Not Administered**Documented Date:** 09/13/2013 09:51 EST**Immunization Date:****Provider:** Gomez, Jose MLP**Varicella Series Administration:** History Unknown, Not Administered**Documented Date:** 09/13/2013 09:51 EST**Immunization Date:****Provider:** Gomez, Jose MLP**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/13/2013	08:48 FTW	97.6	36.4	Oral	Gomez, Jose MLP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/13/2013	08:48 FTW	82	Via Machine	Regular	Gomez, Jose MLP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/13/2013	08:48 FTW	18	Gomez, Jose MLP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/13/2013	08:48 FTW	116/75	Left Arm	Sitting	Adult-regular	Gomez, Jose MLP

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
09/13/2013	08:48 FTW	67.0	170.2	Gomez, Jose MLP

Weight:

→ SEE BMI CHART

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
09/13/2013	08:48 FTW	200.0	90.7		Gomez, Jose MLP

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 12/23/1966
Encounter Date: 09/13/2013 08:43

Sex: M Race: WHITE
Provider: Gomez, Jose MLP

Reg #: 27585-064
Facility: FTW
Unit: J01

Observations:

Draining Skin Lesions: No

Signs of Lice: No

Signs of Scabies: No

Signs of Recent Trauma: No

Recent Tattoos: No

Needle Marks: No

Signs of Rash: No

Open Sores: No

Wounds: No

Body Deformities: No

Tremors: No

Sweating: No

Comments:

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

B-4

Inmate Name: TREVINO-MORALES, JOSE		Reg #: 27585-064
Date of Birth: 10/23/1966	Sex: M Race: WHITE	Facility: WIL
Note Date: 03/05/2014 11:22	Provider: Caluag, K. RN	Unit: Z03

Nursing Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Caluag, K. RN

Admin note to document encounter with I/M during morning SHU rounds. I/M stated, "I have been having that chest pain again. It goes up to my jaw and makes my left arm tingle. I am getting nervous because my father had these symptoms and the doctor told him he had a clogged artery."

I/M denies pain/sx at time of encounter. RN asked I/M, "when you experience this chest pain, do you notify the CO or press your duress button?" I/M replied "no, I haven't done that yet." I/M instructed to utilize duress button/notify HSU immediately when/if chest pain presents so that assessment/tx can be performed at that time.

I/M had Clinical Encounter on 3/3/2014 with EKG that has been reviewed by provider.

BP taken during encounter.

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/05/2014	11:29	WIL 118/78	Left Arm	Sitting	Adult-regular	Caluag, K. RN

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Caluag, K. RN on 03/05/2014 11:31

Requested to be cosigned by Massa, David MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	TREVINO-MORALES, JOSE	Sex:	M	Reg #:	27585-064
Date of Birth:	10/23/1966	Provider:	Caluag, K. RN	Race:	WHITE
Encounter Date:	03/05/2014 11:22			Facility:	WIL

Cosigned by Massa, David MD on 03/05/2014 11:41.

**Bureau of Prisons
Health Services
Clinical Encounter**

B-5

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 03/06/2014 09:31

Sex: M Race: WHITE
Provider: Mims, Nicole H. RN

Reg #: 27585-064
Facility: WIL
Unit: Z03

Nursing Note encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Mims, Nicole H. RN

Chief Complaint: Chest Pain

Subjective: "I keep having this chest pain, it comes on and then it goes away. It is a sharp, burning pain that starts on the left side then goes up through my neck and down my left arm, then it goes away."

No pain at time of evaluation.

Pain Location: Chest-Left

Pain Scale: 8

Pain Qualities: Burning | Sharp | Intermittent

History of Trauma:

Onset: 1-2 Weeks

Duration:

Exacerbating Factors:

Relieving Factors:

Comments: Pain intermittent, "it comes and goes"

ROS:**Cardiovascular****General**

Yes: Normal, Hx Hypertension

No: Cold Extremities, Cough, Cyanosis, Edema

OBJECTIVE:**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/06/2014	09:31 WIL	71			Mims, Nicole H. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/06/2014	09:31 WIL	16	Mims, Nicole H. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/06/2014	09:31 WIL	135/89	Left Arm	Sitting	Adult-regular	Mims, Nicole H. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/06/2014	09:31 WIL	98	Room Air	Mims, Nicole H. RN

Exam:**General****Affect**

Yes: Pleasant, Cooperative

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	TREVINO-MORALES, JOSE	Reg #:	27585-064
Date of Birth:	10/23/1966	Sex:	M
Encounter Date:	03/08/2014 06:30	Provider:	Herndon, Pamela RN
		Race:	WHITE
		Facility:	WIL

Cosigned by Massa, David MD on 03/10/2014 09:27.

**Bureau of Prisons
Health Services
Clinical Encounter**

B-6

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 03/18/2014 09:30

Sex: M Race: WHITE
Provider: Goldstein, Melany RN

Reg #: 27585-064
Facility: WIL
Unit: Z03

Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Goldstein, Melany RN

Chief Complaint: Chest Pain

Subjective: I was having chest pain about 15 minutes ago. It was mid chest and kinda went back and forth in mid chest to left chest and down to left hand and I had left hand numbness. Denies any chest pain at this time.

Pain Location:

Pain Scale:

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
03/18/2014	09:30 WIL	97.5	36.4	Oral	Goldstein, Melany RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
03/18/2014	09:30 WIL	80	Via Machine		Goldstein, Melany RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
03/18/2014	09:30 WIL	18	Goldstein, Melany RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
03/18/2014	09:30 WIL	146/82	Left Arm	Lying	Adult-large	Goldstein, Melany RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
03/18/2014	09:30 WIL	97	Room Air	Goldstein, Melany RN

Exam:**General**

Inmate states he has had several incidents over the past few weeks of chest pain, mid sternal and moves back and forth over mid chest and sometimes moves to left arm and left hand with left hand numbness and tingling. States he has X 4 this AM, the last one approx. 15 min. ago and was nauseated then but denies any nausea or vomiting at this time. No diaphoresis noted. Skin warm and dry. Mucous membranes pink and moist. VSS. Afebrile. EKG completed. EKG report reads: Sinus rhythm; Normal EKG. Dr. Loranth reviewed EKG. No new orders at this time. Inmate was instructed to rest, force fluids, continue to avoid spicy and gas forming foods and to take antacids from commissary

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 04/04/2014 09:32

Sex: M
Provider: Mims, Nicole H. RN

Reg #: 27585-064
Race: WHITE
Facility: WIL

Cosigned by Massa, David MD on 04/04/2014 10:05.

**Bureau of Prisons
Health Services
Clinical Encounter**

B-7

Inmate Name: TREVINO-MORALES, JOSE	Sex: M Race: WHITE	Reg #: 27585-064
Date of Birth: 10/23/1966	Provider: Herndon, Pamela RN	Facility: WIL
Encounter Date: 04/28/2014 10:07		Unit: Z03

Nursing Note encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Herndon, Pamela RN

Chief Complaint: Chest Pain

Subjective: "I'm having pain in my chest, to my left arm and my head."

Pain Location: Multiple Locations

Pain Scale: 5

Pain Qualities: Radiating

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/28/2014	10:07 WIL	98.7	37.1	Oral	Herndon, Pamela RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/28/2014	10:07 WIL	80	Via Machine		Herndon, Pamela RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/28/2014	10:07 WIL	16	Herndon, Pamela RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/28/2014	10:07 WIL	119/52	Left Arm	Standing	Adult-large	Herndon, Pamela RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/28/2014	10:07 WIL	96	Room Air	Herndon, Pamela RN

Exam:**General****Appearance**

Yes: Appears Well, Appears Distressed, Alert and Oriented x 3, Alert & Oriented to Person

No: Dyspneic, Appears in Pain, Pale, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

I/M seen in SHU per request of custody staff. I/M c/o pain in left chest that radiates to left arm to hand then to back of head. Pain increases w/movement. NAD. VSS.

ASSESSMENT:

Pain - Chest
non-cardiac

Inmate Name: TREVINO-MORALES, JOSE
 Date of Birth: 10/23/1966
 Encounter Date: 04/28/2014 10:07

Sex: M Race: WHITE
 Provider: Herndon, Pamela RN

Reg #: 27585-064
 Facility: WIL
 Unit: Z03

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ibuprofen Tablet	04/28/2014 10:07	400mg Orally every 8 hours PRN x 30 day(s) -- Take one to two tablets every 8 hours for pain as needed

One Time Dose Given: No

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Spine / Cervical-2 View One Time AP/Lat			04/29/2014	Routine
Specific reason(s) for request (Complaints and findings): pain				
General Radiology-Chest-2 Views	One Time		04/29/2014	Routine
Specific reason(s) for request (Complaints and findings): pain				

Disposition:

Follow-up at Sick Call as Needed
 To be Evaluated by Provider
 Discharged to Housing Unit-No Restrictions
 Notify Medical Duty Officer

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/28/2014	Counseling	Plan of Care	Herndon, Pamela	Verbalizes Understanding
04/28/2014	Counseling	Access to Care	Herndon, Pamela	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes By: Massa, David MD

Telephone or Verbal order read back and verified.

Completed by Herndon, Pamela RN on 04/28/2014 10:13
 Requested to be cosigned by Massa, David MD.
 Cosign documentation will be displayed on the following page.
 Requested to be reviewed by Loranth, Victor MD CD.
 Review documentation will be displayed on the following page.

B-8

NUMBER: HAX-1330.18A
 DATE: January 15, 2015
 SUBJECT: Administrative Remedy
 Program
 PAGE: 9

ATTACHMENT A

Federal Correctional Complex Hazelton
 Request for Administrative Remedy
 Informal Resolution Form - General Population

Notice to Inmates: Prior to receiving a Request for Administrative Remedy Form (BP-229), you MUST attempt Informal Resolution through your Counselor, or provide other documentary evidence of your attempt at informal resolution. Failing to attempt informal resolution may result with rejection of your request.

Inmate Name: <u>Trevino-Morales Jose</u>		Reg. No.: <u>27585064</u>	Unit: <u>N3</u>		
1. Specific Complaint: <u>I have been asking for help regarding my chest pain and that help has been denied and I have been told that I must wait for several months when in fact I have been waiting since 3/4/20</u> 2. Relief Requested: <u>My chest pain is so intense that makes me vomit and I have been seen by the orthopedic and he ordered MRI's of my chest I am suffering and I need to find out the source of my pain.</u>					
Food Service	Unit Manager	UNICOR			
Business Office	Psychology	Education			
Trust Fund/Laundry	Religious Services	Recreation			
Health Services <input checked="" type="checkbox"/>	Correctional Svcs	Facilities			
Safety	ISM/Mailroom/Records	Administration			
<input checked="" type="checkbox"/>	Issue Resolved Relief granted	Comments: <u>THE Region Disapproved The last consult. Sign up for sick call to be reassessed.</u>			
<input type="checkbox"/>	Issue Un-resolved No Relief granted	Comments:			
<input type="checkbox"/>	Unable to Address Issue Referred	Comments:			
Inmate Signature: <u>José Trevino</u>		Date: <u>7/14/2015</u>			
Staff Signature: <u>Timothy Koch, RN, BSN</u> Health Systems Specialist IOP/IDG		Date: <u>7/14/15</u>			
Unit Manager Signature: <u>[Signature]</u>		Date:			
Counselor Tracking					
Tracking #	Event Date	+ 20 Days	Form Issued	BP-9 Issued	BP-9 Returned
<u>N03-024</u>					

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Scanned Date: 07/29/2015 12:45

Sex: M

Reg #: 27585-064
Race: WHITE
Facility: HAF

Reviewed by Roca, Ricardo MD on 07/29/2015 13:57.

Fcc/Hazleton

B-9

BP-A0148

INMATE REQUEST TO STAFF CDFRM

JUNE 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medical staff	DATE: 1/20/2015
FROM: Jose Trevino	REGISTER NO.: 27585-064
WORK ASSIGNMENT: N-3 orderly	UNIT: N-3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

Today Tuesday, January 20, I must go to take my 3rd T.B. Treatment without any excuse.

Thank you

(Do not write below this line)

Respectfully
Submitted

DISPOSITION:

Medication Dispensed Today.
Follow up - next medication 1/27

Timothy Koch, RN, BSN
Health Systems Specialist
JOP/DC

Signature Staff Member

Date

1/20/15

Record Copy - File; Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRESERVE FOLDER

SECTION 6

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	TREVINO-MORALES, JOSE	Reg #:	27585-064
Date of Birth:	10/23/1966	Sex:	M
Scanned Date:	01/24/2015 13:23 EST	Race:	WHITE
		Facility:	HAF

Reviewed by Mims, Gregory MD/CD on 12/13/2016 12:11.

TRULINCS 27585064 - TREVINO-MORALES, JOSE - Unit: HAF-N-C

B-10

FROM: 27585064

TO: FCI Health Services

SUBJECT: ***Request to Staff*** TREVINO-MORALES, JOSE, Reg# 27585064, HAF-N-C

DATE: 07/07/2015 05:18:31 PM

To: sick call

Inmate Work Assignment: education

I have reported a very strong pain on my chest. and I have reported it for a very long time; since, I was at the previous institution, FCI Williamsburg (first report: on or about march 2014); at my arrival to FCI Hazelton 12-18-2015, I reported my chest pain to medical services, later I was seen by the Orthopedic doctor, the Orthopedic doctor recommended MRI's of my chest to find out the source of the pain but nobody has done anything about it, on about february Ms. Doyle told me tha the waiting time was about a year. I have been waiting for over a year already and the pain is intolerable. How can I better explain it to be understood. I am a human been in a very strong pain. " plase help me"

-----TREVINO-MORALES, JOSE on 7/6/2015 2:25 PM wrote:

>

I have reported a very strong pain on my chest for a very long time; since , I was at the previous institution (on or about march of 2014). At my arrival at FCI Hazelton 12-18-2015, I reported my pain to medical services, later I was seen by the Orthopedic Dr. and the doctor recommended MRI'S of my chest to find out the source of my pain. Nobody has answered to that request even though I have reported that the pain has persisted. PLEASE HELP ME FIND OUT WHAT IS CAUSING MY PAIN. Thank you.

Jose Trevino, Reg. No. 27585-064
F.C.I. Hazelton
P.O. Box 5000
Bruceton Mills, WV 26525

B - 11

August 6, 2015

General Counsel:

I am writing to request your office's assistance in a critical matter, which I have explained in detail below. I believe that the issues enumerated have developed or occurred due to my institutional transfer and that you may be able to provide either assistance or direction for me to follow.

I sent a BP-11 to your office in November of 2014, from my then institution, F.C.I. Williamsburg, South Carolina. Said BP-11 was in regards to chest pains that I was experiencing. I had previously filed, per policy, BP-8, BP-9, and BP-10's. In the meantime, since those filings, I was transferred to my present institution (F.C.I., Hazelton). As of this date, I have not received a reply from your office in response to the BP-11 that was filed.

The chest pain that was described in the above filings still persist, and has actually worsened. Unfortunately, all previous filings have only been answered with denials and I have been informed that the current process could take up to one-year to be resolved, meaning, to discover the source of my chest pains.

As the record clearly establishes, my BP-9 and BP-10 requests were partially "Granted," in taht, my M.R.I.'s were to be reviewed by a Nuero-surgeon and an orthopedic surgeon. I was seen by the orthopedic surgeon in January 2015, whom ordered "Chest M.R.I.'s to be conducted. Unfortunately, I was later informed that his order (M.R.I.) was denied.

I respectfully request that your office research this matter and provide with an answer to the November 2014 filed BP-11; or, in the alternative grant the said BP-11. In leiu of any such action, I can see no other alternative but to proceed with action in the federal courts. I sincerely wish to avoid in such necessity, believing that the current matter can be readily resolved. I thank you for your time and consideration in this important matter.

Respectfully submitted,

Jose Trevino
Jose Trevino,
Reg. No. 27585-064

**Bureau of Prisons
Health Services
Inmate ISDS Report**

B-12

Reg #: 27585-064

Inmate Name: TREVINO-MORALES, JOSE

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: _____

Transfer Date: 08/05/2015

Health Problems

Type	Health Problem	Status
Chronic	Other chest pain	Current
Chronic	Chronic apical periodontitis	Current
#19		
Chronic	Refractive amblyopia	Current
OS 20/30-2		
Chronic	Hypermetropia	Current
	Hyperopic astigmatism w / presbyopia	
Chronic	Sprain and strain of supraspinatus (muscle) (tend)	Current
	Left Supraspinatus Tendinosis (MRI - 06/23/14)	
Chronic	Other specified disorders of shoulder	Current
	Left Supraspinatus Tendinosis (MRI - 06/23/14)	
Chronic	Superior glenoid labrum lesion	Current
	Left Superior Labral anteroposterior tear extending to involve the anterior labrum (MRI - 06/23/14)	
Chronic	Osteoarthritis, localized, primary, shoulder	Current
	Left A-C Joint Arthrosis (MRI - 06/23/14)	
Chronic	Spinal stenosis of cervical region	Current
Chronic	Limited Oral Evaluation - Problem Focused	Current
Chronic	BPH, Benign Hypertrophy of Prostate	Current
Chronic	Hypertension, Benign Essential	Current
	EKG: 3/6/14	
	chest xray: 12/29/14	
	fundoscopy: 2/18/15 (optometry)	
	pneumovax: refused 12/22/14	
Chronic	Overweight	Current
Temporary/Acute	Unspecified unsatisfactory restoration of tooth	Current
History/Resolved	PPD+ Prophyl Complete	Current

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.
Bolded drugs required for transport.

Aspirin 81 MG EC Tab Exp: 07/12/2016 SIG: Take one tablet by mouth each day
 Hydrochlorothiazide 12.5 MG Cap Exp: 07/12/2016 SIG: Take one capsule by mouth each day
 Lisinopril 20 MG Tab Exp: 07/12/2016 SIG: Take one tablet by mouth each day
 Tamsulosin HCl 0.4 MG Cap Exp: 06/16/2016 SIG: Take one capsule by mouth each evening

OTCs: Listing of all known OTCs this inmate is currently taking.

Tolnaftate Cream 1 % (OTC) 15 GM

Pending Appointments

Date	Time	Activity	Provider
09/03/2015	00:00	Hepatitis B Series Immunization	Nurse 06
09/03/2015	00:00	Hepatitis A Series Immunization	Nurse 06
07/02/2016	00:00	Chronic Care Visit	Physician 06
03/08/2018	00:00	Preventive Health Visit	Nurse 06

Pending Non-Medication Orders:

Order	Order Date	Frequency	Duration	Details
Blood Pressure	03/08/2015	One Time		Annual BP per PH guidelines schedule 1/2016

**Bureau of Prisons
Health Services
Clinical Encounter**

B-13

Inmate Name: TREVINO-MORALES, JOSE	Sex: M	Race: WHITE	Reg #: 27585-064
Date of Birth: 10/23/1966	Provider: Strawser, Bridgette RN	Facility: HAF	Unit: N06
Encounter Date: 09/02/2015 10:03			

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:**COMPLAINT 1** **Provider:** Strawser, Bridgette RN**Chief Complaint:** Chest Pain

Subjective: States that he is having intermittent chest pain now for over a year. No pain right now reported by inmate.VSS. No acute distress noted at this time. Respirations even, nonlabored. EKG performed, NSR. See Document Manager. Inmate states pain always resolves by the time he reaches health services. Describes the pain as burning. No specific time of day or activity worsens pain. Referred to NP Nolte for further evaluation.

Pain: No**OBJECTIVE:****Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/02/2015	10:03 HAX	97.7	36.5	Oral	Strawser, Bridgette RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/02/2015	10:03 HAX	72			Strawser, Bridgette RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/02/2015	10:03 HAX	16	Strawser, Bridgette RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/02/2015	10:03 HAX	135/76	Left Arm	Sitting	Adult-large	Strawser, Bridgette RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/02/2015	10:03 HAX	97	Room Air	Strawser, Bridgette RN

ASSESSMENT:

Pain - Chest

PLAN:**Disposition:**

To be Evaluated by Provider
Return Immediately if Condition Worsens
Return To Sick Call if Not Improved

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
-----------------------	---------------	----------------------	-----------------	----------------

Trevino Morales, Jose (MR # 017305467) Printed by Davidson, Judith C, R...

Morgantown West Virginia 26505
304-598-4478

B-14

SCHEDULE FOLLOW-UP - MORGANTOWN CARDIOLOGY - WVUHI

Follow-up in: 2 WEEKS
Reason for visit: HOSPITAL DISCHARGE
Occluded RCA, Unstable
Followup reason: angina medically
managed
Provider: Abnash C. Jain, MD

REASON FOR HOSPITALIZATION AND HOSPITAL COURSE: Patient is a 49 year old incarcerated male with no previous history of CAD who presented with symptoms of exertional chest pain and dyspnea. Patient was found to have an abnormal MPS underwent heart catheterization which demonstrated a totally occluded RCA with mild to moderate disease elsewhere. An attempt wire the RCA occlusion was unsuccessful. Patient did have collaterals present. Cardiology evaluated patient and recommended medical management as well as antianginals. Patient will be discharged on lisinopril, metoprolol, Imdur, and Lipitor. It was discussed with patient regarding CABG as a possible consideration, however he was told it should be reserved as a last resort for refractory angina despite maximal medical therapy. Patient reported understanding, he was able to walk the floor with minimal problems. Patient opted to continue medical management as symptoms have improved. Case was discussed with cardiology and recommended follow-up in 2 weeks with Dr. Jain. All questions answered, patient to return correctional facility.

CONDITION ON DISCHARGE:

- A. Ambulation: Full ambulation
- B. Self-care Ability: Complete
- C. Cognitive Status Alert and Oriented x 3

DISCHARGE DISPOSITION: Home dischargeLeonard Maier, MD**Copies sent to Care Team**

	Relationship	Specialty	Notifications	Start	End
Hazelton, Usp	PCP - General	EXTERNAL		11/4/15	
Phone: 304 -379-5000	Fax: 304-379 -5000				
US PENITENTIARY PO BOX 450 BRUCETON MILLS WV 26525					

Referring providers can utilize <https://wvuchart.com> to access their referred WVU Healthcare patient's information.

Routing History



TRULINCS 27585064 - TREVINO-MORALES, JOSE - Unit: HAF-N-C

FROM: 27585064

TO: FCI Health Services

SUBJECT: ***Request to Staff*** TREVINO-MORALES, JOSE, Reg# 27585064, HAF-N-C

DATE: 11/12/2015 07:16:35 AM

B-15

To: Dr. Nolte

Inmate Work Assignment: education tutor

Dr. Nolte, this is just to let you know that I have been experiencing a chest pain, this morning was stronger than the past three days and it traveled to the back of my head (left side) associated with shortness of breath. I will keep you informed of any changes. Thank you.

TRULINCS 27585064 - TREVINO-MORALES, JOSE - Unit: HAF-N-C

FROM: 27585064

TO: FCI Health Services

SUBJECT: ***Request to Staff*** TREVINO-MORALES, JOSE, Reg# 27585064, HAF-N-C

DATE: 11/22/2015 08:00:18 PM

B-16

To: Dr. Nolte

Inmate Work Assignment: education tutor

Dr. Nolte, the past 3 days I have been experienced very strong chest pain and dizziness specially on Friday 11/20/15 and Saturday 11/21/15, education staff asked me if I needed some help, but I told them that I just need some rest and the pain will go away, but to tell you the truth some times it scare me that that last pain will be the last. on Sunday 11/22 I choose to stay on the unit and rest. I will let you know of any symptoms and changes. thank you.



Official Copy



1 Stadium Drive
Morgantown WV 26506
OUTPATIENT PROGRESS

TREVINO MORALES, JOSE
MRN: 017305467
DOB: 10/23/1966, Sex: M
Enc. Date: 11/24/15

27585-064

1 OF 2

FCC Hazelton

Progress Notes**Progress Notes by Jain, Abnash Chander, MD at 11/24/15 0850**

Author: Jain, Abnash Chander, MD Service: (none) Author Type: Physician
MD
Filed: 11/24/15 0941 Note Time: 11/24/15 0850 Status: Addendum
Editor: Jain, Abnash Chander, MD (Physician)
Related Notes: Original Note by West, Hannah Joy, APRN (Nurse Practitioner) filed at 11/24/15 0850
See dictated note.

Electronically signed by West, Hannah Joy, APRN at 11/24/15 0850
Electronically signed by Jain, Abnash Chander, MD at 11/24/15 0941
Electronically signed by Jain, Abnash Chander, MD at 11/24/15 0941

Progress Notes signed by Jain, Abnash Chander, MD at 11/24/15 1604

Author: Jain, Abnash Chander, MD Service: (none) Author Type: Physician
Filed: 11/24/15 1604 Note Time: 11/24/15 1325 Status: Addendum
Editor: Jain, Abnash Chander, MD (Physician)
Related Notes: Original Note by West, Hannah Joy, APRN (Nurse Practitioner) filed at 11/24/15 1432
WVU HOSPITALS AND UNIVERSITY HEALTH ASSOCIATES
DEPARTMENT OF MEDICINE
Morgantown, WV 26506

PATIENT NAME: TREVINO MORALES, JOSE
HOSPITAL NUMBER: 017305467
DATE OF SERVICE: 11/24/2015
DATE OF BIRTH: 10/23/1966

PROGRESS NOTE

PRIMARY CARE PROVIDER: USP Hazelton.

SUBJECTIVE: This is a 48-year-old male who returns for hospital discharge followup. He was admitted with chest discomfort, which has been going on for about a year and a half. He underwent an MPS which was positive for reversible ischemia in the inferior wall. He then went for a cardiac catheterization which revealed moderate coronary artery disease to the LAD and circumflex, which was hemodynamically insignificant by FFR. He also had a chronic total occlusion to the distal RCA. PTCA was attempted, however, was unsuccessful. Therefore, he is currently medically managed. He also has a history of hypertension, former smoker and a family history of heart disease. Today, he reports that he is still getting pressure in his chest which he says is a burning sensation. He reports that it goes up the back of his neck and down his arm. Occasionally, it goes to his back. He gets this most anytime he walks. It is accompanied by shortness of breath. It goes away with rest within 5 minutes. He does occasionally get it at rest.

MEDICATIONS:**Current Outpatient Prescriptions****Medication**

- amlODIPine (NORVASC) 2.5 mg Oral Tablet

Sig

Take 1 Tab (2.5 mg total) by mouth Once a day

J. Nolte, FNP-BC
CDR, USPHS
FCC Hazelton

Amel-3 Amel
12/7/2015

B-17

2 OF 2

- | | |
|--|---|
| • aspirin (ECOTRIN) 81 mg Oral Tablet, Delayed Release (E.C.) | Take 81 mg by mouth Once a day |
| • atorvastatin (LIPITOR) 80 mg Oral Tablet | Take 1 Tab (80 mg total) by mouth Every evening |
| • hydrochlorothiazide (MICROZIDE) 12.5 mg Oral Capsule | Take 12.5 mg by mouth Once a day |
| • isosorbide mononitrate (IMDUR) 60 mg Oral Tablet Sustained Release 24 hr | Take 1 Tab (60 mg total) by mouth Once a day |
| • lisinopril (PRINIVIL) 10 mg Oral Tablet | Take 1 Tab (10 mg total) by mouth Once a day (Patient taking differently: Take 20 mg by mouth Once a day) |
| • metoprolol (LOPRESSOR) 25 mg Oral Tablet | Take 0.5 Tabs (12.5 mg total) by mouth Every 12 hours |
| • nitroglycerin (NITROSTAT) 0.4 mg Sublingual Tablet, Sublingual | 1 Tab (0.4 mg total) by Sublingual route Every 5 minutes as needed for Chest pain for 3 doses over 15 minutes |
| • tamsulosin (FLOMAX) 0.4 mg Oral Capsule, Sust. Release 24 hr | Take 0.4 mg by mouth Every evening after dinner |

OBJECTIVE: Blood pressure is 116/78, pulse 75 and regular. He is 5 feet 1 inch with a weight of 202 pounds. His oxygen saturations are 96% on room air. On exam, general, he is in no acute distress, moderately obese male. Neck is without JVD or carotid bruit. Lungs are clear to auscultation bilaterally. Heart is regular rate and rhythm without appreciable murmur. Extremities are without cyanosis or edema. Neurologically, he is alert and with appropriate affect.

ASSESSMENT AND PLAN:

1. Coronary artery disease, having angina at this time. His CTO to the RCA was unable to be intervened on. Therefore, we will optimize medical management at this time. We will increase his Imdur to 60 mg daily. We will also add Norvasc for antianginal effect at 2.5 mg daily. He was instructed to watch his blood pressure at the prison and should his blood pressure go lower and he unable to tolerate this medication regimen, we will consider adding Ranexa in the future; however, as it is expensive, we will first try other agents prior to doing so. He was also given nitroglycerin sublingual to take in the event of chest pressure. He should continue his aspirin and Lipitor.
2. Hypertension is well controlled on exam today. May require further titration as we titrate his antianginal medication.
3. Former smoker. He has quit and he was applauded for this.
4. He will return to clinic in 6 months or sooner should any problems arise.

Hannah Joy West, APRN
WVU Department of Medicine, Section of Cardiology

Abnash Jain, MD
Professor, Section of Cardiology
WVU Department of Medicine

HW/kg/3199682; D: 11/24/2015 08:50:08; T: 11/24/2015 13:25:54

cc: USP Hazelton
US Penitentiary, ATTN: Medical PO Box 450
Bruceton Mills, WV 26525

I have seen and evaluated the patient jointly with Hannah Joy West, APRN
and agree with her assessment, recommendations and plans.*Still having Angina like pains, Will add Norvasc*

Abnash Chander Jain, MD 11/24/2015 16:02

Electronically signed by West, Hannah Joy, APRN at 11/24/15 1432
Electronically signed by Jain, Abnash Chander, MD at 11/24/15 1604
Electronically signed by Jain, Abnash Chander, MD at 11/24/15 1604

Trevino-Morales, Jose #27585-064 FCC HAZ / NOV-424

Transcription

Type

Progress Note

Signed by Jain, Abnash Chander, MD on 11/24/15 at 1604

Document Text

Date and Time

11/24/2015 8:50 AM

Author

West, Hannah Joy, APRN

WVU HOSPITALS AND UNIVERSITY HEALTH ASSOCIATES
DEPARTMENT OF MEDICINE
Morgantown, WV 26506

PATIENT NAME: TREVINO MORALES, JOSE

HOSPITAL NUMBER: 017305467

DATE OF SERVICE: 11/24/2015

DATE OF BIRTH: 10/23/1966

PROGRESS NOTE

PRIMARY CARE PROVIDER: USP Hazelton.

SUBJECTIVE: This is a 48-year-old male who returns for hospital discharge followup. He was admitted with chest discomfort, which has been going on for about a year and a half. He underwent an MPS which was positive for reversible ischemia in the inferior wall. He then went for a cardiac catheterization which revealed moderate coronary artery disease to the LAD and circumflex, which was hemodynamically insignificant by FFR. He also had a chronic total occlusion to the distal RCA. PTCA was attempted, however, was unsuccessful. Therefore, he is currently medically managed. He also has a history of hypertension, former smoker and a family history of heart disease. Today, he reports that he is still getting pressure in his chest which he says is a burning sensation. He reports that it goes up the back of his neck and down his arm. Occasionally, it goes to his back. He gets this most anytime he walks. It is accompanied by shortness of breath. It goes away with rest within 5 minutes. He does occasionally get it at rest.

MEDICATIONS:

Current Outpatient Prescriptions

Medication

- amlodipine (NORVASC) 2.5 mg Oral Tablet

Sig

Take 1 Tab (2.5 mg total) by mouth Once a day

- aspirin (ECOTRIN) 81 mg Oral Tablet, Delayed Release (E.C.)

Take 81 mg by mouth Once a day

- atorvastatin (LIPITOR) 80 mg Oral Tablet

Take 1 Tab (80 mg total) by mouth Every evening

- hydrochlorothiazide (MICROZIDE) 12.5 mg Oral Capsule

Take 12.5 mg by mouth Once a day

- isosorbide mononitrate (IMDUR) 60 mg Oral Tablet Sustained Release 24 hr

Take 1 Tab (60 mg total) by mouth Once a day

- lisinopril (PRINIVIL) 10 mg Oral Tablet

Take 1 Tab (10 mg total) by mouth Once a day (Patient taking differently: Take 20 mg by mouth Once a day)

- metoprolol (LOPRESSOR) 25 mg Oral Tablet

Take 0.5 Tabs (12.5 mg total) by mouth Every 12 hours

- nitroglycerin (NITROSTAT) 0.4 mg Sublingual Tablet, Sublingual

1 Tab (0.4 mg total) by Sublingual route Every 5 minutes as needed for Chest pain for 3 doses over 15 minutes

- tamsulosin (FLOMAX) 0.4 mg Oral Capsule, Sust. Release 24 hr

Take 0.4 mg by mouth Every evening after dinner

OBJECTIVE: Blood pressure is 116/78, pulse 75 and regular. He is 5 feet 1 inch with a weight of 202 pounds. His oxygen saturations are 96% on room air. On exam, general, he is in no acute distress, moderately obese male. Neck is without JVD or carotid bruit. Lungs are clear to auscultation bilaterally. Heart is regular rate and rhythm without appreciable murmur. Extremities are without cyanosis or edema. Neurologically, he is alert and with appropriate affect.

B-18
10F2
J. Nolas FNP-BC
CDR USPHS
FCC Hazelton

B-18 2 OF 2

Transcription (continued)

Document Text

ASSESSMENT AND PLAN:

1. Coronary artery disease, having angina at this time. His CTO to the RCA was unable to be intervened on. Therefore, we will optimize medical management at this time. We will increase his lndur to 60 mg daily. We will also add Norvasc for antianginal effect at 2.5 mg daily. He was instructed to watch his blood pressure at the prison and should his blood pressure go lower and he unable to tolerate this medication regimen, we will consider adding Ranexa in the future; however, as it is expensive, we will first try other agents prior to doing so. He was also given nitroglycerin sublingual to take in the event of chest pressure. He should continue his aspirin and Lipitor.
2. Hypertension is well controlled on exam today. May require further titration as we titrate his antianginal medication.
3. Former smoker. He has quit and he was applauded for this.
4. He will return to clinic in 6 months or sooner should any problems arise.

Hannah Joy West, APRN

WVU Department of Medicine, Section of Cardiology

Abnash Jain, MD

Professor, Section of Cardiology

WVU Department of Medicine

HW/kg/3199682; D: 11/24/2015 08:50:08; T: 11/24/2015 13:25:54

cc [REDACTED]

US Penitentiary, ATTN: Medical PO Box 450
Bruceton Mills, WV 26525

I have seen and evaluated the patient jointly with Hannah Joy West, APRN
and agree with her assessment, recommendations and plans.*Still having Angina like pains, Will add Norvasce*

Abnash Chander Jain, MD 11/24/2015 16:02

Display only: Transcription on 11/24/2015 8:50 AM by West, Hannah Joy, APRN

Document history: Transcription on 11/24/2015 8:50 AM by West, Hannah Joy, APRN

Transcription CC Recipients

Recipient	Type
CARBON COPY FOR EXTERNAL PROVIDERS TO MARS	Pool
Instant of Pri	
Tue Nov 24, 2015 11:38 PM	

TRULINCS 27585064 - TREVINO-MORALES, JOSE - Unit: HAF-N-C

FROM: 27585064

TO: FCI Health Services

SUBJECT: ***Request to Staff*** TREVINO-MORALES, JOSE, Reg# 27585064, HAF-N-C

DATE: 11/25/2015 07:01:58 PM

B-19

To: Dr Nolte

Inmate Work Assignment: education orderly

Dr Nolte I was taken to the heart institute (Rehabilitation center) I thought I was going to see the same doctor who treated me in the hospital. This other medical staff told me that they would not do an open chest surgery with only one artery blocked unless it was two or more and it is very wrong. I want to see the other doctor at the hospital I will fill a sick call to discuss this with you and I want all my medical records and the hospital discharge. Thank you.

BP-A0148
JUNE 10

INMATE REQUEST TO STAFF CDPRM

B-20

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Health Services (Medical records)	DATE: 12/3/2015
FROM: José Treviño	REGISTER NO.: 27585-064
WORK ASSIGNMENT: education tutor	UNIT: N-3

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to have any and all medical records pertaining my Cardiac conditions to include any Synopses provided to this institution by the cardiologist at Robi Medical Center on November, 8, 2015 at the time of my discharge on it they describe all their findings and all medications and schedules for those medications that I am currently taking.

- Thank You -

Respectfully Submitted.

(Do not write below this line)

DISPOSITION:

4ke pages X José Treviño

Signature Staff Member <i>Bouling</i>	Date 12/3/15
Record Copy - File Copy Inmate	
PDF Prescribed by P5511	

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PAPER FOLDER

SECTION 6

Jose Trevino,
Reg. No. 27585-064
Federal Correctional Institution-Hazelton
P.O. Box 5000
Bruceton Mills, WV 26525

B-21

10F3

May 20, 2016

Hon. Alan Ellis
501 Fifth Avenue, Suite 514
New York, NY 10017
212.252.9775

Mr. Ellis:

Sir, you have come highly recommended to me as an excellent prisoner litigation attorney, and I would be interested in possibly retaining your services in legal actions against the Federal Bureau of Prisons ('B.O.P.'). As briefly as possible, I shall attempt to explain a series of events/occurrences, that in my opinion, have violated my constitutional rights.

To begin, I am currently serving a twenty (20) year sentence in B.O.P. custody consequent to my June 6, 2012 arrest. For reasons unknown to me, on my arrest I was placed in solitary confinement in the Bastrop County Jail (Texas). That solitary confinement continued after my eventual conviction once I was transferred into B.O.P. custody. As a side note: I never received a disciplinary sanction, rather, I was informed that I was in placed in the Special Housing Unit ('S.H.U.') for administrative purposes. This segregation occurred between October 6, 2013 and December 15, 2014. (See attached copies of 'Administrative Relief' actions that I took).

My prolonged isolation was compounded by the B.O.P. by being placed into what is commonly referred to as the B.O.P.'s "Diesel Plan," a process of transferring an inmate from location to location for an extended period of time. Eventually, I found myself in the S.H.U. at FCI-Williamsburg (S.C.). While there, I began experiencing chest pains on or about March 4, 2014. I reported these serious medical issues to medical staff many times, as noticed in attached, which includes a letter to General Counsel ('Unanswered BP 11').

My chest pain complaints were treated as 'Gastritis or acid reflux' once medical examined me. I was told to self medicate with Tums®, Pepcid A.C.®, and Omeprazole, which are common acid reducers. This did not resolve my underlying chest pains. The institution's medical department then conducted some E.C.G. testing, which resulted in negative results. I requested to be seen by a cardiologists [Petition Denied]. I was later informed that a

cardiologist had reviewed my E.C.G.'s and found nothing abnormal.

Still later, I requested that M.R.I. testing be performed, and I was approved for two (2) such test. Unfortunately, the M.R.I. tests were conducted/scheduled to examine my left shoulder and neck for unrelated matters. Actually, a requested M.R.I. for my chest relating to the chest pains was denied. To this date, I do not understand why that request was denied. I was then prescribed acid reducers after I had informed staff (Nurse Mims) of a family history of heart disease [my father had open heart surgery for a clogged artery. A condition for which he died just five (5) months post surgery].

2 of 3

Further, I reported spells of dizziness, nausea, and vomiting. additionally, I complained of left arm pain, chest pain, and neck pain; all symptoms that I had seen my father complain of during his failing health. Nurse Mims expressed her frustration and fears of bringing the above issues to higher authorities. On December 15, 2014, I was transferred to FCI-Hazelton without my medical problems ever being resolved. On my arrival at FCI-Hazelton, I informed medical staff of the same complaints.

On December 23rd, I was informed that an appointment with an orthopedist had been scheduled (neck and shoulder issues). At that appointment in January 2015, I was given a steroid injection for what was described as arthritis, and was recommended for a chest M.R.I. regarding my chest pains. On July 14, 2015, that recommendation was denied by the B.O.P. After further complaints, I was told to fill out a sick call, where I reissued my complaint of severe chest pains. Unfortunately, my complaints were again ignored. (See attached).

In October 2015, I was transported to a spine clinic (chiropractor) in Morgantown, WV. At said appointment, I was asked by staff at the clinic what my problem was, and I stated, "Chest pains." The doctor responded, "You are in the wrong place." They took chest x-rays and sent me back to the FCI.

On November 4, 2015, I was once again taken to the same clinic for the purposes of an examination of my right shoulder, which I had never complained about. On that occasion, the doctor had checked my blood pressure and found it to be 185 over 145, which, according to his statements, indicative of a heart attack in progress. He ordered the FCI transport staff to take me immediately to the emergency room at WVU Medicine in Morgantown, West Virginia. (See attached reports).

Those reports indicate a diagnosis of a clogged artery, the probable source of my long complained of chest pain. This leads to one of my primary issues that I bring to your attention -- with my family history and symptomology, had the B.O.P. acted with due diligence on my initial complaints, a stent could have been introduced to alleviate the clogged artery. Unfortunately, due to the B.O.P.'s negligence, my artery walls fatty build-up now prevents any such measure. Instead, I am now informed that I

eventually require open-heart surgery, but only after additional arteries become blocked. This is a necessity that has only come about due to delay.

3 of 3

In closing on the present issue, I was just recently taken to The Heart Institute of Morgantown and was examined by Dr. Jain Abnash. The doctor explained that they wouldn't perform open heart surgery to correct just one clogged artery and that he would recommend waiting until additional arteries became blocked, as already stated. This problem is causing me a great deal of anxiety in realizing my family history. I am gravely concerned that my heart is being deprived a healthy blood supply due the clog.

Another issue that I would like to inform you of is an assault on my person by B.O.P. staff while in the S.H.U. at FCI-Williamsburg. I have attached as well all of the documents that I have regarding that situation. In brief, I was pushed and pulled while restrained and told to "Stop barking, dog." Further, the assaulting staff member told me that "[He] had been waiting for a chance to to this to [me]."

I ask that you carefully review the attached documentation of the above described situations, which I believe to share a common trait or pattern of abuse by the Federal B.O.P. If, you are in agreement with me in this belief, I respectfully request your help. I simply do not want to die in prison and I am very fearful that that will be my fate if nothing is done. I would hope that a suit against the B.O.P. would not be necessary, but that may well be the only avenue that I have available.

I shall look forward to your response, and I thank you for your time and consideration in hopefully addressing the Federal B.O.P.'s gross and intentional negligence.

Respectfully,

JOSE TREVINO

Jose Trevino, 27585-064

Coronary Artery Disease, Male

B-22

1 OF 3

Coronary artery disease (CAD) is a process in which the blood vessels of the heart (*coronary arteries*) become narrow or blocked. The narrowing or blockage can lead to decreased blood flow to the heart muscle (*angina*). Prolonged reduced blood flow can cause a heart attack (*myocardial infarction, MI*). Because CAD is the leading cause of death in men, it is important to understand what causes this condition and how it is treated.

CAUSES

Atherosclerosis is the cause of CAD. This is the buildup of fat and cholesterol (*plaque*) on the inside of the arteries. Over time, the plaque may narrow or block the artery, and this will lessen blood flow to the heart. Plaque can also become weak and break off within a coronary artery to form a clot and cause a sudden blockage.

RISK FACTORS

Many risk factors increase your chances of getting CAD, including:

- High cholesterol levels.
- High blood pressure (*hypertension*).
- Tobacco use.
- Diabetes.
- Age. Men over age 45 are at a greater risk of CAD.
- Gender. Men often develop CAD earlier in life than women.
- Family history of CAD.
- Obesity.
- Lack of exercise.
- A diet high in saturated fats.

SIGNS AND SYMPTOMS

Many people do not experience any symptoms during the early stages of CAD. As the condition progresses, symptoms may include:

- Chest pain.
 - The pain can be described as a crushing or squeezing in the chest, or a tightness, pressure, fullness, or heaviness in the chest.
 - The pain can last more than a few minutes or can stop and recur.
- Pain in the arms, neck, jaw, or back.
- Unexplained heartburn or indigestion.
- Shortness of breath.
- Nausea.
- Sudden cold sweats.

Less common symptoms of CAD in men can include:

- Fatigue.
- Unexplained feelings of nervousness or anxiety.

B-22
2 of 3

- Weakness.
- Diarrhea.
- Sudden light-headedness.

DIAGNOSIS

Tests to diagnose CAD may include:

- ECG (electrocardiogram).
- Exercise stress test. This looks for signs of blockage when the heart is being exercised.
- Pharmacologic stress test. This test looks for signs of blockage when the heart is being stressed with a medicine.
- Blood tests.
- Coronary angiogram. This is a procedure to look at the coronary arteries to see if there is any blockage.

TREATMENT

The treatment of CAD may include the following:

- Healthy behavioral changes to reduce or control risk factors.
- Medicine:
- Coronary stenting. A stent helps to keep an artery open.
- Coronary angioplasty. This procedure widens a narrowed or blocked artery.
- Coronary artery bypass surgery. This will allow your blood to pass the blockage (bypass) to reach your heart.

HOME CARE INSTRUCTIONS

- Take medicines only as directed by your health care provider.
- Manage other health conditions such as hypertension and diabetes as directed by your health care provider.
- Follow a heart-healthy diet. A dietitian can help to educate you about healthy food options and changes.
- Use healthy cooking methods such as roasting, grilling, broiling, baking, poaching, steaming, or sautéing. Talk to a dietitian to learn more about healthy cooking methods.
- Follow an exercise program approved by your health care provider.
- Maintain a healthy weight. Lose weight as approved by your health care provider.
- Plan rest periods when fatigued.
- Learn to manage stress.
- Do not use any tobacco products, including cigarettes, chewing tobacco, or electronic cigarettes. If you need help quitting, ask your health care provider.
- If you drink alcohol and your health care provider approves, limit your alcohol intake to no more than 1 drink per day. One drink equals 12 ounces of beer, 5 ounces of wine, or 1½ ounces of hard liquor.
- Stop illegal drug use.

B-22
3083

- Your health care provider may ask you to monitor your blood pressure. A blood pressure reading consists of a higher number over a lower number, such as 110 over 72, which is written as 110/72. Ideally, your blood pressure should be:
 - Below 140/90 if you have no other medical conditions.
 - Below 130/80 if you have diabetes or kidney disease.
- Keep all follow-up visits as directed by your health care provider. This is important.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have pain in your chest, neck, arm, jaw, stomach, or back that lasts more than a few minutes, is recurring, or is unrelieved by taking medicine under your tongue (*sublingual nitroglycerin*).
- You have profuse sweating without cause.
- You have unexplained:
 - Heartburn or indigestion.
 - Shortness of breath or difficulty breathing.
 - Nausea or vomiting.
 - Fainting.
 - Feelings of nervousness or anxiety.
 - Weakness.
 - Diarrhea.
- You have sudden light-headedness or dizziness.
- You faint.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released 10/24/2015 Document Reviewed: 07/15/2015

ExitCare® Patient Information ©2015 ExitCare, LLC. This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

**Bureau of Prisons
Health Services
Clinical Encounter**

B-23

Inmate Name: TREVINO-MORALES, JOSE	Sex: M Race: WHITE	Reg #: 27585-064
Date of Birth: 10/23/1966	Provider: Armel, Amy PA-C	Facility: HAF
Encounter Date: 09/08/2016 09:34		Unit: N04

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Armel, Amy PA-C

Chief Complaint: Chest Pain

Subjective: He states that he has had chest pain that has worsened over the past 3 days. He states that he understands he will live with the angina and is managed with imdur and ranexa. He expresses compliance with medication. He states that this pain has been different feels pressure around heart, shortness of breath, and pain radiating down left arm. He states that nitro relaxed him enough that he was able to sleep but woke up with the same pain. States that overall he is feeling much better today than he had yesterday.

Also complaint of nasal congestion for the past week. Denies taking any allergy pill because on the streets he was told prior to not take antihistamine.

Pain: Yes

Pain Assessment

Date: 09/08/2016 09:37
Location: Chest-Left
Quality of Pain: Sharp
Pain Scale: 10
Intervention: refer to disposition
Trauma Date/Year:
Injury:
Mechanism:
Onset: 3-5 Days
Duration: 3-5 Days
Exacerbating Factors: walking
Relieving Factors: sitting and being quiet
Comments:

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/08/2016	09:38 HAX	97.9	36.6		Armel, Amy PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/08/2016	09:38 HAX	59			Armel, Amy PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/08/2016	09:38 HAX	16	Armel, Amy PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
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B-24

Monongalia General Hospital

1200 J.D. Anderson Dr.
Morgantown, WV 26505-

Patient Name: HAZ, JM 27585064

MRN: 350651

DOB/Age/Gender: 10/23/1966 50 years Male

Account No.: 44600377

Location: CCU; CCU; 05

Admission Date: 1/7/2017

Attending MD: Okeefe, Michael MD

Surgical Documents

OM1 ostial 80%, OM2 90% lesion, chronic occlusion of RCA with left to right collaterals to rPDA. Echo showed mild - moderate AI with bicuspid aortic valve and normal EF 55-65%. carotid duplexes showed only mild carotid stenosis. The patient was considered for CABG surgery for myocardial revascularization. The LIMA and LAD were spared as there was no hemodynamically significant stenosis in the LAD territory.

PROCEDURE

The patient was taken to the operating room and laid supine on the operating table. General anesthesia was initiated by way of ventricular intubation. All monitoring lines including a Swan-Ganz catheter, radial arterial line and Foley catheter were placed for intraoperative monitoring. The anterior chest, abdomen, groin and legs were scrubbed, prepped and draped in the usual sterile surgical fashion. A midline sternotomy incision was then made from the suprasternal notch all the way down to the xiphoid process. Simultaneously, the physician assistant performed endoscopic vein harvesting of the Left greater saphenous vein. The incision was deepened through the subcutaneous tissue using electrocautery while establishing simultaneous hemostasis. The anterior table of the sternum was then scored in the midline all the way up from the suprasternal notch down to the xiphoid sternum. A Hall air pneumatic saw was used to perform median sternotomy. The anterior and posterior tables of the bone were controlled with electrocautery and the marrow and hemostasis was established with liberal use of bone wax. A Morris retractor was used to retract the sternum open. The sternum was widened and exposure was achieved with the use of multiple pericardial stitches using 2-0 silks. Once the pericardium was marsupialized & target ACT > 480 sec, 2-0 Prolene pursestring was used for our cannulation stitch for the aortic cannulation. A 3-0 Prolene stitch was used for our venous cannulation at the right atrial appendage. The aorta was cannulated with a 22 French aortic cannula and secured with ties. The venous cannulation was performed using a 29 French dual-staged venous cannula and it was secured with ties. De-airing maneuvers were performed and the cannulas were connected up to the cardiopulmonary bypass machine. Cardiopulmonary bypass was initiated. An antegrade DLP stitch was used with a 4-0 Prolene and an antegrade needle placed just proximal to our aortic cannulation stitch. The targets on the heart were marked while on bypass. The aorta was crossclamped and the heart was arrested with 1 liter of cold antegrade cardioplegia. Once we attained a good arrest, ice slush was placed on the heart for preservation.

The distal anastomoses were then performed with reverse saphenous vein graft to the OM1 and to the OM2, and rPDA using 7-0 Prolene end-to-side anastomosis. Once all the distal anastomoses were performed, the aortic cross clamp was taken off while maintaining Trendelenburg position. The heart was noted to distend with this and attempts at pacing were futile. As such, the aorta was re-cross-clamped for our proximal anastomosis. An LV vent was placed to decompress the chamber. 3 proximal anastomoses were performed with the vein to the aorta using running 5-0 Prolene suture. The aortic clamp was removed and it was noted to have good flow, the grafts were de-aired. The patient was re-warmed back to normothermia and was weaned off of cardiopulmonary bypass on a small dose of epinephrine. The patient was separated from bypass and subsequently decannulated. LV vent was removed. Venous cannulation and arterial cannulation sites were oversewn with a 3-0 suture. Pacing wires were then placed on the ventricular and atrial sites and brought out through separate stab incisions.

A=Abnormal C=Critical H=Above Expected Range L=Below Expected Range @=Corrected F=Footnote ^=Interp Data

Date/Time Printed: 1/9/2017 17:45 EST

Printed By: Sharon K Wojcici, ROI

Pg #: Page 21 of 29

Report Request ID: 7545696

**Bureau of Prisons
Health Services
Clinical Encounter**

B-25

Inmate Name: TREVINO-MORALES, JOSE	Sex: M Race: WHITE	Reg #: 27585-064
Date of Birth: 10/23/1966	Provider: Adams, Emmanuel MD	Facility: HAF
Encounter Date: 01/17/2017 08:24		Unit: N03

Physician - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Adams, Emmanuel MD

Chief Complaint: Other Problem

Subjective: Patient seen today as a medical trip return visit. He was diagnosed with three-vessel coronary disease with critical 2-vessel disease. Admitted to Mon General on 01/07/17, had surgery (CABG) at Mon General on 01/09/16 and was discharged on the 14th from the hospital. Patient states he is doing well, with minimum pain at the incision site. The surgical area is aggravated when he coughs, he purchased some over the counter cough medicine. And he hugs a blanket at night to reduce chest wall tension. Overall patient is doing well. No fever, chills, N/V, drainage from incision site, chest pain, SOB or altered mental status.

Pain: No

ROS:**Cardiovascular****General**

Yes: Hx of Heart Disease, Hx of Heart Surgery

No: Angina

Pulmonary**Respiratory System**

Yes: Within Normal Limits

No: Cough - Dry, DOE

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
01/17/2017	08:24 HAX	97.8	36.6		Adams, Emmanuel MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/17/2017	08:24 HAX	82			Adams, Emmanuel MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/17/2017	08:24 HAX	18	Adams, Emmanuel MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/17/2017	08:24 HAX	110/72				Adams, Emmanuel MD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/17/2017	08:24 HAX	99	Room Air	Adams, Emmanuel MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
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B-26

Physical Exam:

BP (Non-Invasive): 124/62 Temperature: 35.8 °C (96.4 °F) Heart Rate: 54 Height: 167.6 cm (5' 6")
Weight: 88 kg (194 lb) Body mass index is 31.31 kg/m².

General Appearance: Well-appearing 52 y.o. male who is pleasant, cooperative and in no acute distress.
Head: Normocephalic.

Skin: Warm and dry.

Face: Symmetric, and without obvious lesions.

Eyes: Conjunctivae clear, pupils equal and round.

Right ear

Pinna: Normal shape and position.

External auditory canal: Patent and without inflammation.

Tympanic membrane: Intact, translucent, midposition, with good middle ear aeration.

Left ear

Pinna: Normal shape and position.

External auditory canal: Patent and without inflammation.

Tympanic membrane: Intact, translucent, midposition, with good middle ear aeration.

Nose: External pyramid midline. Septum deviates slight right superiorly with large septal spur to the left anteriorly obstructing airway. Moderate nasal sidewall and internal valve collapse. patient reports improvement in breathing with Muellers maneuver improves nasal breathing (right > left) Mucosa normal. Inferior turbinates moderately enlarged. clear mucus greater on left.

Oral Cavity/Oropharynx: No mucosal lesions, masses, or pharyngeal asymmetry. Oropharynx is clear without drainage or erythema. Tonsils are I+.

Hypopharynx/Larynx: Voice normal

Neck: Soft, supple and without palpable thyroid, salivary gland, or neck masses.

Heme/Lymph: No cervical adenopathy.

Cardiovascular: Upper extremities are warm and well perfused, with no cyanosis of the hands or fingers.

Respiratory: No apparent stridorous breathing. No acute respiratory distress.

Musculoskeletal: Moving all extremities.

Neurologic: Grossly normal. Cranial nerves II-XII grossly intact bilaterally.

Psychiatric: Alert and with appropriate affect.

Assessment:

	ICD-10-
1. Nasal septal deviation	CM
2. Nasal obstruction	J34.2
3. Nasal septal spur	J34.89
4. Nasal valve collapse	J34.89
5. Nasal turbinate hypertrophy	J34.89
	J34.3

Plan:

Jose Trevino Morales is a 52 y.o. male here for evaluation of nasal obstruction due to nasal septal deviation, septal spur and internal valve/sidewall collapse. We recommend septoplasty, turbinate reduction and latera implants to help with nasal breathing. Informed consent was obtained after all the alternatives, benefits, potential risks, and complications were discussed and understood. He will need medical clearance to stop aspirin and undergo elective surgery given cardiac history. He is currently an inmate of Hazelton FCI.

Adrian Williamson, MD 6/7/2019 13:48

Mark A Armeni, MD

04-14-2010 08:45 From:

To: 13043791686 ; 3045981399

4 / 19

Mon Health Heart & Vascular Center

Trevino-Morales, Jose
 #27585-064
 DOS: 2-4-2020

B-27

2000 Mon Medical Park Suite 2300
 Morgantown, WV 26505
 Phone: (304) 599-8802
 Fax: (304) 599-5607

27585064 HAZ

DOB: 10/23/1966 (53 years)

Date of Encounter: 02/04/2020 12:59 PM

History of Present Illness

The patient is a 53 year old male who presents for a follow up visit. The patient's primary care physician is Amy Arnel.

Subjective Transcription

The patient returns to the office today for a 6-month routine followup visit. He has got a history of coronary artery bypass grafting in 2016 x3 vessels. He occasionally gets some shortness of breath when he was rushing around, but does not seem to amount to much. His biggest complaint is that of headaches. I am going to go ahead and order a CT scan of his head as well as a bilateral carotid duplex with his significant history of coronary disease. He could have an underlying blockage either in his carotid or in his brain. He has been cooking for the penitentiary and is enjoying it. He wanted to make sure he had no restrictions by ways of lifting and I told him he did not.

Allergies

No Known Drug Allergies [1 11/15/2016]

J.R. Knotts
Health Information Technician
FCC Hazelton

Social History

No alcohol use

Tobacco use: Unknown if ever smoked

Medication History

Metoprolol Tartrate (25MG Tablet, 1 Oral two times daily) Active.
 AmLODIPine Besylate (5MG Tablet, 1 Oral daily) Active.
 Aspirin (81MG Tablet DR, 1 Oral daily) Active.
 Lipitor (80MG Tablet, 1 Oral daily) Active.
 Lisinopril (20MG Tablet, 1 Oral daily) Active.
 Nitrostat (0.4MG Tab Sublingual, 1 Sublingual as needed) Active.
 Flomax (0.4MG Capsule, 1 Oral daily) Active.
 Mometasone Furoate (50MCG/ACT Suspension, 2 sprays in each nostril Nasal two times daily) Active.
 Medications Reconciled.

02/04/2020 01:06 PM

Weight: 89.0000 kg Height: 170 cm

Body Surface Area: 2 m² Body Mass Index: 30.8 kg/m²

Pulse: 70 (Regular) P. OX: 94% (Room air)

BP: 132/88 Manual (Sitting, Left Arm, Standard)

Objective Transcription

HEENT: Unremarkable.
 NECK: No jugular venous distention (JVD). No audible carotid bruits.
 HEART: Regular rate and rhythm. No murmurs, rubs, gallops or clicks.
 LUNGS: Clear.
 ABDOMEN: Soft, nontender. No palpable aorta.
 EXTREMITIES: No edema.

A. Arnel MS, PA-C
 LT, USPHS
 FCC Hazelton

**Bureau of Prisons
Health Services
Clinical Encounter**

B-28

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 04/15/2021 10:12

Sex: M Race: WHITE
Provider: Adams, Emmanuel (MAT)

Reg #: 27585-064
Facility: HAF
Unit: L01

1 of 2

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Adams, Emmanuel (MAT) MD

Chief Complaint: Chronic Care Clinic

Subjective: PANDEMIC CCC
DIAGNOSIS
CAD
HTN
HLD
BPH
Allergic rhinitis

54 yo H male seen for CCC at HS. Patient stated he was in the Marshal's custody last month but was sent back due concern about his TB status. He received treatment for LTBI in 2014. Patient reported that he has been without his sneakers (due to being packed out for his transfer) but he is still walking for exercise. He stated he is using his Atrovent inhaler as needed but looks forward to having the surgery at his next spot.

PLAN OF CARE**-Cont**

- Lisinopril 20 mg PO daily
- Metoprolol 25 mg PO bid
- Lipitor 80 mg PO daily
- Aspirin 81 mg PO daily
- Atrovent nasal spray
- Flomax 0.8 mg PO bedtime
- Plavix 75 mg PO daily

Stop

- None
- Labs reviewed (04/07/21) / ordered CBC w/diff, CMP w/GFR, TSH, free T4, fasting lipids, HgbA1C
- Studies reviewed (Lexiscan 02/16/21); CXR (04/07/21) / ordered - none
- Lexiscan 02/16/21 - normal Lexiscan MPS of the LV
- Pending Cardiology f/u visit
- F/u at sick call as needed
- Return to CCC in 1 year

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

This Chronic Care encounter occurred during the COVID-19 pandemic. Due to limited staff and resources, there are unexpected delays and unforeseen obstacles interfering with the usual delivery of medical care.

Pain: Not Applicable

Seen for clinic(s): Cardiac, Endocrine/Lipid, General, Hypertension

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 04/15/2021 10:12

Sex: M Race: WHITE
Provider: Adams, Emmanuel (MAT)

Reg #: 27585-064
Facility: HAF
Unit: L01

20F2

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Adams, Emmanuel (MAT) MD

Chief Complaint: Chronic Care Clinic

Subjective: PANDEMIC CCC
DIAGNOSIS
CAD
HTN
HLD
BPH
Allergic rhinitis

54 yo H male seen for CCC at HS. Patient stated he was in the Marshal's custody last month but was sent back due concern about his TB status. He received treatment for LTBI in 2014. Patient reported that he has been without his sneakers (due to being packed out for his transfer) but he is still walking for exercise. He stated he is using his Atrovent inhaler as needed but looks forward to having the surgery at his next spot.

PLAN OF CARE

-Cont

- Lisinopril 20 mg PO daily
- Metoprolol 25 mg PO bid
- Lipitor 80 mg PO daily
- Aspirin 81 mg PO daily
- Atrovent nasal spray
- Flomax 0.8 mg PO bedtime
- Plavix 75 mg PO daily

Stop

-None

-Labs reviewed (04/07/21) / ordered CBC w/diff, CMP w/GFR, TSH, free T4, fasting lipids, HgbA1C

-Studies reviewed (Lexiscan 02/16/21); CXR (04/07/21) / ordered - none

-Lexiscan 02/16/21 - normal Lexiscan MPS of the LV

-Pending Cardiology f/u visit

-F/u at sick call as needed

-Return to CCC in 1 year

Patient allergies reviewed and updates applied during this visit if indicated. See Chart: Allergies for most recent patient allergy list.

This Chronic Care encounter occurred during the COVID-19 pandemic. Due to limited staff and resources, there are unexpected delays and unforeseen obstacles interfering with the usual delivery of medical care.

Pain: Not Applicable

Seen for clinic(s): Cardiac, Endocrine/Lipid, General, Hypertension

Inmate Name:	TREVINO-MORALES, JOSE	Reg #:	27585-064
Date of Birth:	10/23/1966	Sex:	M
Encounter Date:	05/18/2021 19:35	Provider:	Burciaga, Rogelio RN
		Race:	WHITE
		Facility:	LAT

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/18/2021	19:36 LAT	139/88				Burciaga, Rogelio RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
05/18/2021	19:36 LAT	98		Burciaga, Rogelio RN

B-29

Prosthetic Devices/Equipment:

<u>Device/Equipment</u>	<u>Obtained From</u>
Eye Glasses	BOP
Comments:	
Alternate Institutional Shoes	Personal
Comments: PERSONAL SOFT SHOES	
Shoe inserts	BOP
Comments:	
Compression garment - leg	BOP
Comments:	

Potential Items For Follow-up:

<u>Item</u>
Cardiac History
Hypertension History
Tattoos
Travel Outside US
Other Infectious Disease History
Substance Abuse History
Alternate Institutional Shoes
Compression garment - leg
Eye Glasses
Shoe inserts
PPD Administration Not Performed

Cleared For Food Services: Yes

Health Problems Newly Identified During This Encounter:

Health Problem**Medication Reconciliation.**

The patient's known medication list including OTC items was compiled and compared to new and changed BOP orders.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
924786-OKL	amLODIPine 5 MG TAB	05/18/2021 19:35
	Prescriber Order: Take one tablet (5 MG) by mouth each day x 60 day(s)	

**Bureau of Prisons
Health Services
Health Screen**

B-30

Inmate Name: TREVINO-MORALES, JOSE	Sex: M	Reg #: 27585-064	
Date of Birth: 10/23/1966	Provider: Burciaga, Rogelio RN	Race: WHITE	
Encounter Date: 05/18/2021 19:35		Facility: LAT	

Seizures: Denied

Diabetes: Denied

Cardiovascular:

Age of Onset: Adult (41-50 Years)

Hx of Shortness of Breath: No

Hx of Rheumatic Fever: No

Hx of Valvular Disease: No

Hx of SBE Prophylaxis: No

Hx of Chest Pain: Yes

Hx of Murmur: No

Hx of CAD: No

Hx of CHF: No

Hx of Blood Clot: No

Pacemaker: No

Defibrillator: No

Edema: Yes

Comments: States 2-3 years ago during a physical he was diagnosed with a leaky valve. States dx occurred outside of prison system. Denies experiencing symptoms and states MD recommendation at that time was proactive self-care.

X States dyspnea with moderate exercise.

X States experiences chest pain frequently during times of stress.

States intermittent hx of dependent edema in legs.

Denies hx of MI. Denies coronary surgical procedures/interventions.

CVA: Denied

Hypertension:

Age of Onset: Adult (31-40 Years)

Comments: Diagnosed approx. 12 yrs ago at Ridgewood Medical Ctr. in Garland Texas with HTN with Lisinopril ordered.

Respiratory: Denied

Sickle Cell Anemia: Denied

Carcinoma/Lymphoma: Denied

Allergies: Denied

**Bureau of Prisons
Health Services
Clinical Encounter**

B-31

Inmate Name: TREVINO-MORALES, JOSE	Sex: M Race: WHITE	Reg #: 27585-064
Date of Birth: 10/23/1966	Facility: LAT	
Encounter Date: 06/08/2021 13:16	Provider: Cardi, Dean (MAT) DO/CD	Unit: E02

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Cardi, Dean (MAT) DO/CD

Chief Complaint: Chronic Care Clinic

Subjective: Patient is a 54 year old male who presents for 14 day eval. Patient is followed for Cardiac, endo/lipid, Gen and HTN.

Cardiac/HTN - Patient notes history of triple bypass around 2014-2015. He was last seen by cardiology on 9/16/20 who recommended a stress. Patient did have stress test performed on 2/16/21 which was unremarkable.

Gen/ENT - Patient has long history of sinus and nasal issues. He was previously recommended and approved for surgery 2019/2020 but refused so he could transger.

Patient's last labs were 6/26/2020. Patient notes he is compliant with all of his medications. He notes he has only used nitro twice since the bypass.

Pain: No

Seen for clinic(s): Cardiac, Endocrine/Lipid, General, Hypertension

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/09/2021	15:29 LAT	98.2	36.8		Cardi, Dean (MAT) DO/CD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/09/2021	15:29 LAT	62			Cardi, Dean (MAT) DO/CD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/09/2021	15:29 LAT	12	Cardi, Dean (MAT) DO/CD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/09/2021	15:29 LAT	126/80				Cardi, Dean (MAT) DO/CD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/09/2021	15:29 LAT	99		Cardi, Dean (MAT) DO/CD

ROS comments

CONSTITUTIONAL: No fevers, weight loss, fatigue, night sweats
 HEAD: No headache, sinus congestion or pain
 EARS: No ear pain, discharge, hearing loss, vertigo
 EYES: No changes in vision, eye pain, diplopia, photophobia,
 NOSE: No nasal discharge, epistaxis
 THROAT: No cough, sore throat, dysphagia, odynophagia,

Inmate Name: TREVINO-MORALES, JOSE
 Date of Birth: 10/23/1966
 Encounter Date: 06/08/2021 13:16

Sex: M Race: WHITE
 Provider: Cardi, Dean (MAT) DO/CD Unit: E02

Reg #: 27585-064
 Facility: LAT

DERM: No diagnosed skin conditions, new lesions, rashes, discoloration
 CV: No chest pain, palpitations, edema, decrease in exercise tolerance
 RESP: No dyspnea with rest or exertion, orthopnea, wheeze,
 GI: No abdominal pain, nausea, vomiting, diarrhea, constipation, appetite changes, dyspepsia
 GU: No dysuria, frequency, urgency, hematuria, nocturia, incontinence
 MSK: No new weakness, arthralgias, myalgias
 NEURO: No weakness, confusion, numbness, dizziness, imbalance

B-32

Exam comments

General - Alert and oriented x 3, Well developed, well nourished, alert and cooperative, and appears to be in no acute distress.

HEENT - atraumatic, no TTP, normal TM b/l, PERRLA, EOMI, no nasal discharge, oral cavity and pharynx normal. No inflammation, swelling, exudate, or lesions

CARDIAC: Normal S1 and S2. No S3, S4 or murmurs. Rhythm is regular.

PULM: Clear to auscultation and percussion without rales, rhonchi, wheezing or diminished breath sounds.

EXTREMITIES: No significant deformity or joint abnormality. No edema. Peripheral pulses intact. No varicosities.

SKIN: Skin normal color, texture and turgor with no lesions or eruptions.

ASSESSMENT:

ASCVD, Cardiovascular disease, unspecified, 429.2 - Current
 BPH, Benign Hypertrophy of Prostate, 600.00 - Current
 Hyperlipidemia, mixed, 272.2 - Current
 Hypertension, Benign Essential, 401.1 - Current
 Acute sinusitis, J0190 - Current
 Coronavirus COVID-19 test negative, Z03818-c19 - Resolved
 Deviated nasal septum, J342 - Current
 Gastro-esophageal reflux disease without esophagitis, K219 - Current
 Inguinal hernia, K4090 - Current
 Nasal polyp, unspecified, J339 - Current
 Presence of aortocoronary bypass graft, Z951 - Current

PLAN:

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
160584-LAT	amLODIPine 5 MG TAB	06/08/2021 13:16
	<u>Prescriber Order:</u> Take one tablet (5 MG) by mouth each day x 365 day(s)	
	Indication: Hypertension, Benign Essential	
160585-LAT	Aspirin 81 MG EC Tab	06/08/2021 13:16
	<u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s)	
	Indication: Hypertension, Benign Essential	
160586-LAT	Atorvastatin 80 MG TAB	06/08/2021 13:16
	<u>Prescriber Order:</u> Take one tablet (80 MG) by mouth every night at bedtime x 365 day(s)	
	Indication: Hyperlipidemia, mixed	

Inmate Name: TREVINO-MORALES, JOSE
 Date of Birth: 10/23/1966
 Encounter Date: 10/21/2021 08:38

Sex: M Race: WHITE
 Provider: Rodriguez, Minerva RN

Reg #: 27585-064
 Facility: LAT
 Unit: E01

Date	Time	Value(%)	Air	Provider
10/21/2021	08:41 LAT	96	Room Air	Rodriguez, Minerva RN

B-33

ASSESSMENT:

Pain - Other

Inmate presented to sick call requesting evaluation for left testicular pain for one week. Inmate has a documented hx of BPH. According to the inmate, he also has a hx of a left testicular cyst since January of 2020. Inmate is alert and oriented to time, place and person. Inmate is calm and cooperative and does not appear to be in any pain or discomfort. Inmate denies blood, burning or pain on urination. Inmate denies having any problems voiding. Inmate denies back pain, fever or chills. According to the inmate, he just wants to follow up on the left testicular cyst since according to him, "no one ever followed up with this issue." Inmate was instructed to purchase analgesics from the commissary and instructed to take as directed by the manufacturer. Inmate was instructed to return to health services if S/S worsen. Inmate voices understanding. Inmate will be scheduled for f/u with MLP. Standards of care maintained.

PLAN:

Schedule:

Activity	Date Scheduled	Scheduled Provider
Sick Call/Triage	10/21/2021 00:00	MLP 05

c/o left testicular pain X 1 week and requesting follow up evaluation for left testicular cyst dx in January of 2020

Disposition:

Follow-up at Sick Call as Needed
 Will Be Placed on Callout

Other:

Allergies verified and reviewed. Updated if applicable. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
10/21/2021	Counseling	Access to Care	Rodriguez, Minerva	Verbalizes Understanding
10/21/2021	Counseling	Plan of Care	Rodriguez, Minerva	Verbalizes Understanding
10/21/2021	Counseling	Pain Management	Rodriguez, Minerva	Verbalizes Understanding

Copoly Required: Yes

Cosign Required: Yes

Telephone/Verbal Order: Yes By: Cardi, Rachel (MAT) PA-C

Telephone or Verbal order read back and verified.

Completed by Rodriguez, Minerva RN on 10/21/2021 08:54

Requested to be cosigned by Cardi, Rachel (MAT) PA-C.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

B-34

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 11/01/2021 09:14

Sex: M Race: WHITE
Provider: Cardi, Rachel (MAT) PA-C

Reg #: 27585-064
Facility: LAT
Unit: E01

1082

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Cardi, Rachel (MAT) PA-C

Chief Complaint: Other Problem

Subjective: Inmate is here with c/o intermittent pain to the left testicle. He reports it does not hurt today, he took Tylenol for 2 days and it resolved there issue. He was previously seen by Urology in 2020 and no surgery was recommended.

Pain: No

ROS:

GU

General

No: Dysuria, Hematuria

OBJECTIVE:**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
11/01/2021	08:47 LAT	97.3	36.3		Hathorn, James NRP

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
11/01/2021	08:47 LAT	60			Hathorn, James NRP

Respirations:

Date	Time	Rate Per Minute	Provider
11/01/2021	08:47 LAT	16	Hathorn, James NRP

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
11/01/2021	08:47 LAT	110/69				Hathorn, James NRP

SaO2:

Date	Time	Value(%)	Air	Provider
11/01/2021	08:47 LAT	98		Hathorn, James NRP

Exam:

Diagnostics

Radiology

Yes: Results

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Inmate Name: TREVINO-MORALES, JOSE	Reg #: 27585-064
Date of Birth: 10/23/1966	Sex: M Race: WHITE Facility: LAT
Encounter Date: 11/01/2021 09:14	Provider: Cardi, Rachel (MAT) PA-C Unit: E01

No: Appears Distressed

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits, Normal Rate

B-34
20F2**ASSESSMENT:**

Spermatocoele of epididymis, unspecified, N4340 - Current - 2.6 mm Left

PLAN:**New Consultation Requests:**

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Urology	05/16/2022	05/16/2022	Routine	No	

Subtype:

Offsite Urology Appt

Reason for Request:

Male, 10/23/1966, with Left epididymal cyst noted 2019 on US, has continued intermittent pain of the area.
Previous Urologist did not recommend surgery. Please evaluate and make treatment recommendation.

Provisional Diagnosis:

Left epididymal cyst

Additional Records Required for Consultation:

X-ray Report(s)

Disposition:

Follow-up at Sick Call as Needed

Will Be Placed on Callout

Discharged to Housing Unit-No Restrictions

Other:

MDS - Reviewed -

Follow-up - Scheduled

Med Hold Status - Reviewed - Not on med hold

Medications - Reconciled

Diagnosis - Have been updated

Patient given return precautions. Patient to follow up at sick call for any acute issues. Patient acknowledges and understands.

Allergies verified and reviewed. Updated if applicable. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
11/01/2021	Counseling	Access to Care	Cardi, Rachel	Verbalizes Understanding
11/01/2021	Counseling	Plan of Care	Cardi, Rachel	Verbalizes Understanding

B-35

10F2

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 11/24/2021 07:34

Sex: M Race: WHITE
Provider: Cardi, Rachel (MAT) PA-C

Reg #: 27585-064
Facility: LAT
Unit: E01

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Cardi, Rachel (MAT) PA-C
Chief Complaint: CARDIAC
Subjective: Inmate is here to f/u after seeing the cardiologist.
Pain: No

ROS:

Cardiovascular

General

Yes: Hx of Heart Disease

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
11/24/2021	07:35 LAT	97.8	36.6		Cardi, Rachel (MAT) PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
11/24/2021	07:35 LAT	71			Cardi, Rachel (MAT) PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
11/24/2021	07:35 LAT	12	Cardi, Rachel (MAT) PA-C

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
11/24/2021	07:35 LAT	124/74				Cardi, Rachel (MAT) PA-C

SaO2:

Date	Time	Value(%)	Air	Provider
11/24/2021	07:35 LAT	95		Cardi, Rachel (MAT) PA-C

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Inmate Name: TREVINO-MORALES, JOSE	Reg #: 27585-064
Date of Birth: 10/23/1966	Sex: M Race: WHITE Facility: LAT
Encounter Date: 11/24/2021 07:34	Provider: Cardi, Rachel (MAT) PA-C Unit: E01

Cardiovascular**Observation**

Yes: Within Normal Limits, Normal Rate

B-35
20F2**ASSESSMENT:**

ASCVD, Cardiovascular disease, unspecified, 429.2 - Current

Hyperlipidemia, mixed, 272.2 - Current

Hypertension, Benign Essential, 401.1 - Current

PLAN:**Renew Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
161212-LAT	amLODIPine 5 MG TAB <u>Prescriber Order:</u> Take one tablet (5 MG) by mouth each day x 365 day(s) Indication: Hypertension, Benign Essential	11/24/2021 07:34
161213-LAT	Aspirin 81 MG EC Tab <u>Prescriber Order:</u> Take one tablet (81 MG) by mouth each day x 365 day(s) Indication: Hypertension, Benign Essential	11/24/2021 07:34
161214-LAT	Atorvastatin 80 MG TAB <u>Prescriber Order:</u> Take one tablet (80 MG) by mouth every night at bedtime x 365 day(s) Indication: Hyperlipidemia, mixed	11/24/2021 07:34
161216-LAT	Ipratropium Nasal Spray 15ml 0.06% <u>Prescriber Order:</u> Spray one puff in each nostril twice daily x 180 day(s) Indication: Acute sinusitis	11/24/2021 07:34
161217-LAT	Lisinopril 20 MG Tab <u>Prescriber Order:</u> Take one tablet (20 MG) by mouth each day x 365 day(s) Indication: Hypertension, Benign Essential	11/24/2021 07:34
161218-LAT	Metoprolol Tartrate 25 MG Tab <u>Prescriber Order:</u> Take one tablet (25 MG) by mouth twice daily x 365 day(s) Indication: ASCVD, Cardiovascular disease, unspecified	11/24/2021 07:34
161219-LAT	Nitroglycerin SL 0.4 MG Tab [25 count] <u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 365 day(s) Indication: ASCVD, Cardiovascular disease, unspecified, Presence of aortocoronary bypass graft	11/24/2021 07:34
161220-LAT	Tamsulosin HCl 0.4 MG Cap <u>Prescriber Order:</u> Take two capsules (0.8 MG) by mouth each evening x 365 day(s) Indication: BPH, Benign Hypertrophy of Prostate	11/24/2021 07:34

Disposition:

Follow-up at Sick Call as Needed
Will Be Placed on Callout

Other:

1. Discussed medical holds and potential medical holds.

**Bureau of Prisons
Health Services
Clinical Encounter**

B-36

Inmate Name: TREVINO-MORALES, JOSE	Reg #: 27585-064
Date of Birth: 10/23/1966	Sex: M Race: WHITE Facility: LAT
Encounter Date: 12/28/2021 13:53	Provider: Cardi, Rachel (MAT) PA-C Unit: E01

1 OF 2

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Cardi, Rachel (MAT) PA-C

Chief Complaint: Other Problem

Subjective: Inmate is here to f/u after being seen by ENT for nasal issues. He was previously scheduled for surgery but transferred facility's. He has used Flonase before, but has not helped.

Pain: No

ROS:**HEENT****Nose**

Yes: Nasal Congestion, Rhinitis

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
12/28/2021	13:54 LAT	98.4	36.9		Cardi, Rachel (MAT) PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
12/28/2021	13:54 LAT	75			Cardi, Rachel (MAT) PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
12/28/2021	13:54 LAT	12	Cardi, Rachel (MAT) PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/28/2021	13:54 LAT	117/76				Cardi, Rachel (MAT) PA-C

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
12/28/2021	13:54 LAT	95		Cardi, Rachel (MAT) PA-C

Exam:**General****Affect**

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Inmate Name: TREVINO-MORALES, JOSE	Reg #: 27585-064
Date of Birth: 10/23/1966	Sex: M Race: WHITE Facility: LAT
Encounter Date: 12/28/2021 13:53	Provider: Cardi, Rachel (MAT) PA-C Unit: E01

Cardiovascular**Observation**

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

B-36

ASSESSMENT:

Deviated nasal septum, J342 - Current

20F2

PLAN:**Disposition:**

Follow-up at Sick Call as Needed
Will Be Placed on Callout

Other:

1. Discussed medication is available at commissary, recommend daily use as directed by ENT.

MDS - Reviewed - No restrictions, low bunk or soft shoe
Follow-up - Scheduled
Med Hold Status - Reviewed - Not on med hold
Medications - Reconciled
Diagnosis - Have been updated

Patient given return precautions. Patient to follow up at sick call for any acute issues. Patient acknowledges and understands.

Allergies verified and reviewed. Updated if applicable. See Chart: Allergies for most recent patient allergy list.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/28/2021	Counseling	Access to Care	Cardi, Rachel	Verbalizes Understanding
12/28/2021	Counseling	Plan of Care	Cardi, Rachel	Verbalizes Understanding
12/28/2021	Counseling	Compliance - Treatment	Cardi, Rachel	Verbalizes Understanding

Copay Required: No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Cardi, Rachel (MAT) PA-C on 12/28/2021 14:15

**Bureau of Prisons
Health Services
COVID-19 AG**

B-37

Begin Date: 04/12/2010	End Date: 07/12/2022
Reg #: 27585-064	Inmate Name: TREVINO-MORALES, JOSE

(Reference Range - Negative)

<u>Effective Date</u>	<u>COVID-19 AG</u>		<u>Provider</u>
01/13/2022 10:24 LAT	Positive	Asymptomatic	Cardi, Rachel (MAT) PA-C
Orig Entered: 01/13/2022 12:25 EST Cardi, Rachel (MAT) PA-C			
01/10/2022 13:44 LAT	Negative	Asymptomatic	Cardi, Rachel (MAT) PA-C
Orig Entered: 01/10/2022 15:45 EST Cardi, Rachel (MAT) PA-C			
05/18/2021 20:52 LAT	Negative	Asymptomatic	Hathorn, James NRP
Binax card			
Orig Entered: 05/18/2021 22:53 EST Hathorn, James NRP			
04/19/2021 13:15 HAX	Negative	Asymptomatic	Friend, Brett IOP/IDC/RN
Orig Entered: 04/19/2021 13:16 EST Friend, Brett IOP/IDC/RN			
03/10/2021 21:07 HAX	Negative	Asymptomatic	Senko, S. NREMTP
Orig Entered: 03/10/2021 21:08 EST Senko, S. NREMTP			
02/17/2021 11:52 HAX	Negative	Asymptomatic	Friend, Brett IOP/IDC/RN
Orig Entered: 02/17/2021 11:54 EST Friend, Brett IOP/IDC/RN			

Total: 6

**Bureau of Prisons
Health Services
Clinical Encounter**

B-38

Inmate Name: TREVINO-MORALES, JOSE	Sex: M Race: WHITE	Reg #: 27585-064
Date of Birth: 10/23/1966	Provider: Cardi, Dean (MAT) DO/CD	Facility: LAT
Encounter Date: 04/27/2022 08:55		Unit: E01

10F4

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

(over)

SUBJECTIVE:

COMPLAINT 1 Provider: Cardi, Dean (MAT) DO/CD

Chief Complaint: Chronic Care Clinic

Subjective: Patient is a 55 year old male who presents for CCC.

Cardiac/HTN - Patient is prescribed amlodipine, aspirin, atorvastatin, lisinopril, metoprolol and nitro. He has been evaluated by cardiology within the past year. He has noted some increased of shortness of breath with exertion following diagnosis of COVID. Patient notes for years he has had episodic pain to the left side of his neck. He notes he was supposed to have an ultrasound of his neck but it was never completed.

Endo/lipid - Patient is prescribed statin medication.

Gen - BPH - Patient is prescribed Tamsulosin for BPH.

Gen - Allergic rhinitis/deviated septum - Patient uses Atrovent nasal spray.

Pain: No

Seen for clinic(s): Cardiac, Endocrine/Lipid, General, Hypertension

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/27/2022	10:11 LAT	98.0	36.7		Cardi, Dean (MAT) DO/CD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/27/2022	10:11 LAT	66			Cardi, Dean (MAT) DO/CD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/27/2022	10:11 LAT	12	Cardi, Dean (MAT) DO/CD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/27/2022	10:11 LAT	115/73				Cardi, Dean (MAT) DO/CD

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/27/2022	10:11 LAT	95		Cardi, Dean (MAT) DO/CD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
04/27/2022	10:11 LAT	204.6	92.8		Cardi, Dean (MAT) DO/CD

ROS Comments

Inmate Name: TREVINO-MORALES, JOSE
 Date of Birth: 10/23/1966
 Encounter Date: 04/27/2022 08:55

Sex: M Race: WHITE
 Provider: Cardi, Dean (MAT) DO/CD

Reg #: 27585-064
 Facility: LAT
 Unit: E01

B-38

Renew Medication Orders:

Rx#	Medication	Order Date
166353-LAT	Atorvastatin 80 MG TAB <u>Prescriber Order:</u> Take one tablet (80 MG) by mouth every night at bedtime x 365 day(s) Indication: Hyperlipidemia, mixed	04/27/2022 08:55
166354-LAT	Ipratropium Nasal Spray 15ml 0.06% <u>Prescriber Order:</u> Spray one puff in each nostril twice daily x 180 day(s) Indication: Acute sinusitis	04/27/2022 08:55
166355-LAT	Lisinopril 20 MG Tab <u>Prescriber Order:</u> Take one tablet (20 MG) by mouth each day x 365 day(s) Indication: Hypertension, Benign Essential	04/27/2022 08:55
166356-LAT	Metoprolol Tartrate 25 MG Tab <u>Prescriber Order:</u> Take one tablet (25 MG) by mouth twice daily x 365 day(s) Indication: ASCVD, Cardiovascular disease, unspecified	04/27/2022 08:55
166357-LAT	Nitroglycerin SL 0.4 MG Tab [25 count] <u>Prescriber Order:</u> Place 1 tab under the tongue for chest pain-may repeat every 5 min x 2 more if needed. If no relief, contact medical staff x 365 day(s) Indication: ASCVD, Cardiovascular disease, unspecified, Presence of aortocoronary bypass graft	04/27/2022 08:55
166358-LAT	Tamsulosin HCl 0.4 MG Cap <u>Prescriber Order:</u> Take two capsules (0.8 MG) by mouth each evening x 365 day(s) Indication: BPH, Benign Hypertrophy of Prostate	04/27/2022 08:55

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Chronic Care Clinics-Diabetic-Hemoglobin A1C	One Time	02/16/2023 00:00	Routine
Lab Tests-C-CBC			
Lab Tests-L-Lipid Profile			
Lab Tests-C-Comprehensive Metabolic Profile (CMP)			

New Radiology Request Orders:

Details	Frequency	End Date	Due Date	Priority
General Radiology-Chest-2 Views	One Time		05/11/2022	Routine

Specific reason(s) for request (Complaints and findings):

Patient is a 55 year old male with episodic shortness of breath that has been ongoing for over 2 months since testing positive for COVID 19. Physical exam is unremarkable.

New Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Radiology	07/26/2022	07/26/2022	Routine	No	

Subtype:

Ultrasound

Reason for Request:

Patient is a 10/23/1966 male who presents with >3 year history of episodic left neck pain and paresthesia to left aspect of scalp. Patient states he was told to have carotid US following MI but never had study completed. Please evaluate left carotid artery with US. Thank you.

Provisional Diagnosis:

left sided neck pain

**Bureau of Prisons
Health Services
Clinical Encounter**

B-39

Inmate Name: TREVINO-MORALES, JOSE
Date of Birth: 10/23/1966
Encounter Date: 06/01/2022 15:46

Sex: M Race: WHITE
Provider: Burciaga, Rogelio RN

Reg #: 27585-064
Facility: LAT
Unit: F02

Preventive Health Visit - Male encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Burciaga, Rogelio RN
Chief Complaint: Preventive Health Visit
Subjective: "I'm here to see you for my preventive health"
Pain: No

ROS:**Preventive Health****Hypertension screening**

Yes: Blood pressure reviewed

Colon Cancer

Yes: Fecal Occult Blood x 3 recommended per PHG

No: Chronic ulcerative colitis or Crohn's disease, History of adenomas or colon cancer, Inflammatory bowel disease, Family history of colon cancer or adenomas, Colonoscopy recommended per PH guidelines

Lipid Disorders

Yes: Existing cardiovascular disease, Family history of elevated lipids, History of hypertension and smoking

No: Diabetes, Father/grandfather heart attack or stroke <50, Mother/grandmother heart attack or stroke <60

Diabetes

Yes: BMI Calculated (Value: 35.1), First degree relative with diabetes, Hyperlipidemia, Overweight (BMI of 27kg/m or greater)

No: B/P greater than 135/80 (treated or untreated), FBS or HgbA1C recommended per PHG

Aspirin for CVD Risk

Yes: CVD Risk documented in comments

No: Diabetes and >40, Diabetes & other risk factors: CVD, HTN, Diabetes & smoking, dyslipidemia

Abdominal Aortic Aneurysm

No: >65 yrs and history of smoking

Hearing

Yes: Occupational risk

Substance Abuse

No: Alcohol abuse history, Injection/non-injection drug use history, Tobacco abuse, Substance abuse referral PHG

Lifestyle

Yes: BMI > or equal 30 (BMI?: 35.1)

Inf. Disease Screening

Yes: Bloodborne path & immunization history reviewed, TB screening reviewed/completed

No: HCV testing offered, HIV screening offered, HBsAG indicated, RPR indicated (all female and male as indicated)

Vision Screening

**Bureau of Prisons
Health Services
Immunizations**

EXHIBIT B-40

Begin Date: 04/12/2010	End Date: 07/12/2022							
Reg #: 27585-064	Inmate Name: TREVINO-MORALES, JOSE							
Immunization	Immunization Date	Administered	Location	Dosage	Drug Mfg.	Lot #	Dose #	Exp Date
COVID-19 Moderna Vaccine	01/07/2022	Now	Left Deltoid	0.5mL	Moderna	003J21-2A	3	04/14/2022
Orig Entered: 01/07/2022 16:16 EST Jensen, Jennifer RN/IDC/IOP								
COVID-19 Moderna Vaccine	07/01/2021	Now	Left Deltoid	0.5mL	Moderna	939676	2	11/07/2021
Orig Entered: 07/01/2021 12:45 EST Jensen, Jennifer RN/IDC/IOP								
COVID-19 Moderna Vaccine	06/04/2021	Now	Left Deltoid	0.5mL	Moderna	011D21A	1	11/22/2021
Orig Entered: 06/04/2021 16:39 EST Jensen, Jennifer RN/IDC/IOP								
COVID-19 Pfizer-BioNTech	03/09/2021	Refused						
Orig Entered: 03/09/2021 14:48 EST Resh, J. (MAT) CRNP								
Hepatitis A and B (TwinRx)								
Hepatitis A Series	09/13/2013 09:51 EST	Gomez, Jose MLP	Right Deltoid	1mL	Glaxo	y4r59		03/31/2016
Orig Entered: 09/03/2015 14:16 EST Tuttle, Bridgette RN, AHSA								
Hepatitis A Series	02/03/2015	Now	Right Deltoid	1mL	GSK	y4r59		03/31/2016
Orig Entered: 02/03/2015 13:22 EST Dennison, Richard RN								
Hepatitis B Series	09/03/2015	Now	Right Deltoid	1mL	GSK	475pe		04/30/2016
Orig Entered: 09/03/2015 14:17 EST Tuttle, Bridgette RN, AHSA								
Hepatitis B Series	03/02/2015	Now	Left Deltoid	1mL	Merck	k008334		06/30/2016
Orig Entered: 03/02/2015 13:17 EST Dennison, Richard RN								
Hepatitis B Series	02/03/2015	Now	Left Deltoid	1mL	Merck	k008334		06/30/2016
Orig Entered: 02/03/2015 13:22 EST Dennison, Richard RN								
Influenza - Trivalent	11/03/2016	Now	Left Deltoid	0.5mL	Seqirus	WT58208		06/30/2017
Orig Entered: 11/03/2016 15:32 EST Roe, Lucretia RN/IDC/IOP								
Influenza - Trivalent	10/28/2014	Now	Left Deltoid	1mL	CSL Biotherapies	t52008		06/30/2015
Orig Entered: 10/28/2014 16:00 EST McClary, M. RN IOP/IDC								
Influenza - Trivalent	11/07/2013	Now	Left Deltoid	0.5mL	CSL Biotherapies	r52907		06/30/2014
Orig Entered: 11/07/2013 13:46 EST Mims, Nicole H. RN								

EXHIBIT B-40

MEMORANDUM FOR EXHIBIT "C"

Exhibit C-1 is a copy of the defendant's sentence computation sheet that shows he has completed 58.9% of his statutory sentence based on 54 days per year good time. Congress passed into law the First Step Act which gives inmates ADDITIONAL time off their sentence for reentry programming. The U.S. Bureau of Prisons will adjust the defendant's sentence after the computer program is set up (August of 2022)

Exhibit C-2 confirms the defendant's home detention date is 1/11/29 plus shows he only has three years of probation. The court can reduce his sentence to "time served" and then add as a special condition to his supervised release a period of home confinement up to the amount of time his sentence is reduced.

Exhibit C-3 is three pages long and is a copy of the defendant's program review. It confirms the defendant recovered from COVID in January of 2022 plus also shows he is on a waiting list for several programs. Sadly, FCI-La Tuna has more inmates than available programs and inmates closer to their "out" date get priority. Page 3 of Exhibit C-3 confirms that the defendant is eligible for the First Step Act time credits and confirms he is a minimum risk

Exhibit C-4 is a copy of the BOP's First Step Act Recidivism Assessment (PATTERN) risk score. He received minus nine (-9) for his completed reentry programs and received minus two (-2) for his two work programs including Unicor. His risk of recidivism is at minus eleven (-11) meaning he is at no risk per the BOP

Exhibit C-5 is a list of some of the education programs completed by the defendant. With the multiple COVID related prison lockdowns, there have not been as many available programs.

Exhibit C-6 lists additional programs, six of them show as "WAIT" but the defendant did complete "Managing Your Diabetes" and the BOP's Arthritis Foundation Walking class.

Exhibit C-7 is a copy from Psychology Services regarding the BOP's drug program (RDAP) stating, "He has indicated that he would like to transfer to SEA to be closer to his children and he will reapply for RDAP when he gets closer to his release date." Even if not court ordered, the defendant would like to find a local 12 step meeting so he can find a local sponsor and several accountability partners to remain sober.

Exhibit C-8 is a copy of an administrative note, "The author attributes Mr. Trevino-Morales' nasal congestion to facial trauma a deviated septum and powdered cocaine use.

Exhibit C-9 is a copy of the BOP Custody Classification Form dated 8/12/22. It confirms a custody classification score of zero, thus he has a minimum security level. Exhibit C-9 shows zero criminal history points, zero violence, zero discipline points and only 83 months left of his extremely long sentence. His post sentencing rehabilitation is another reason to balance his 3553(a) factors and reduce his sentence.

If denied compassionate release, the defendant is all set to transfer to a minimum security camp with no locked doors and no fence. The defendant humbly asks the court if it is concerned about community safety, reduce his sentence to "time served" and order a special condition of home confinement for the next 80 months or until his assigned probation office deems home confinement no longer necessary. At his home, he can practice social distancing, he can use his own cell phone, and even more importantly, he can get needed health care for his many "at risk" health issues shown in his BOP medical file. He will either use Medicare, ObamaCare, or health insurance from his employer.

Exhibit C-10 is defendant's release plan showing where he will live and sharing his employment options. It will also include support letters.

Exhibit C-11 is a hand written copy of the defendant's Clemency request submitted way back in 2020. Also review Exhibit C-12, a supplement to the Clemency request. The defendant included two supplements, one dated April 13, 2020, the other dated July 17, 2020. More data for the court when analyzing the history and characteristics of the defendant and balancing the 18 U.S.C. 3553(a) factors.

LATAT 540*23 *
PAGE 002 OF 002 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 07-07-2022

* 07-07-2022
* 14:54:35

REGNO...: 27585-064 NAME: TREVINO-MORALES, JOSE

EXHIBIT C-1

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 02-26-2020 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 10-11-2013 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 09-05-2013
TOTAL TERM IN EFFECT.....: 240 MONTHS
TOTAL TERM IN EFFECT CONVERTED...: 20 YEARS
EARLIEST DATE OF OFFENSE.....: 12-04-2012

JAIL CREDIT.....:	FROM DATE	THRU DATE
	06-12-2012	09-04-2013

TOTAL PRIOR CREDIT TIME.....: 450
TOTAL INOPERATIVE TIME.....: 0
TOTAL GCT EARNED AND PROJECTED...: 1066
TOTAL GCT EARNED.....: 526
STATUTORY RELEASE DATE PROJECTED: 07-11-2029
ELDERLY OFFENDER TWO THIRDS DATE: 10-12-2025
EXPIRATION FULL TERM DATE.....: 06-11-2032
TIME SERVED.....: 10 YEARS 26 DAYS
PERCENTAGE OF FULL TERM SERVED...: 50.3
PERCENT OF STATUTORY TERM SERVED: 58.9

PROJECTED SATISFACTION DATE.....: 07-11-2029
PROJECTED SATISFACTION METHOD....: GCT REL

REMARKS.....: 05-08-14 DIS GCT J/JXM.
2-26-20 UPDATED PER FSA; J/DMG

G0000 TRANSACTION SUCCESSFULLY COMPLETED

LATEC 540*23 * SENTENCE MONITORING * 07-05-2021
 PAGE 001 * COMPUTATION DATA * 08:20:20
 AS OF 07-05-2021

REGNO...: 27585-064 NAME: TREVINO-MORALES, JOSE

EXHIBIT E-2

FBI NO.....: 938995WD3 DATE OF BIRTH: 10-23-1966 AGE: 54
 ARS1.....: LAT/A-DES
 UNIT.....: 3 QUARTERS.....: E01-103L
 DETAINEES.....: NO NOTIFICATIONS: NO

HOME DETENTION ELIGIBILITY DATE: 01-11-2029

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
 THE INMATE IS PROJECTED FOR RELEASE: 07-11-2029 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: TEXAS, WESTERN DISTRICT
 DOCKET NUMBER.....: A-12-CR-210(3)-SS
 JUDGE.....: SPARKS
 DATE SENTENCED/PROBATION IMPOSED: 09-05-2013
 DATE COMMITTED.....: 11-05-2013
 HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
 PROBATION IMPOSED.....: NO

	FELONY ASSESS	MISDMNR ASSESS	FINES	COSTS
NON-COMMITTED..:	\$100.00	\$00.00	\$00.00	\$00.00

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE.....: 548 18:1956 RACKETEERING
 OFF/CHG: 18:1956(A)(1)(B) AND (A)(2)(B) AND (H). CONSPIRACY TO LAUNDER
 MONETARY INSTRUMENTS.

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
 SENTENCE IMPOSED/TIME TO SERVE.: 240 MONTHS
 TERM OF SUPERVISION.....: 3 YEARS
 DATE OF OFFENSE.....: 12-04-2012

G0002 MORE PAGES TO FOLLOW . . .



Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 01802532

Dept. of Justice / Federal Bureau of Prisons

Team Date: 05-20-2022

Plan is for inmate: TREVINO-MORALES, JOSE 27585-064

Facility: LAT LA TUNA FCI
 Name: TREVINO-MORALES, JOSE
 Register No.: 27585-064
 Age: 55
 Date of Birth: 10-23-1966

Proj. Rel. Date: 07-11-2029
 Proj. Rel. Mthd: GOOD CONDUCT TIME
 DNA Status: FTW05421 / 09-09-2013

EXHIBIT E-3

Detainers

Detaining Agency	Remarks
------------------	---------

NO DETAINER

SEE BACK → 1 OF 3

Current Work Assignments

Fac	Assignment	Description	Start
LAT	UNICOR	FCI UNICOR FACTORY	04-21-2022

Current Education Information

Fac	Assignment	Description	Start
LAT	ESL HAS	ENGLISH PROFICIENT	11-12-2013
LAT	GED EARNED	GED EARNED IN BOP	08-20-2015

Education Courses

SubFac	Action	Description	Start	Stop
LAT		FCI - CERAMICS	04-20-2022	CURRENT
LAT		FCI/ACE MULTICULTURAL RDG I	05-12-2022	CURRENT
LAT	C	FCI - WALK/RUN WORKOUT CLASS	02-27-2022	04-10-2022
LAT	C	FCI/ACE THE CIVIL WAR	03-02-2022	03-21-2022
LAT	C	FCI/ACE MARINE ANIMALS	11-16-2021	11-29-2021
LAT	C	S-ACT WORK KEYS	09-07-2021	11-03-2021
LAT	C	FCI/ACE SPORTS HISTORY & MORE	09-28-2021	10-13-2021
LAT	C	FCI/ACE U.S. GOVERNMENT	08-03-2021	08-27-2021
HAF	C	SELF-STUDY ACE:EARLY AMER HIST	04-01-2020	04-07-2020
HAF	C	INTRO TO PLYOMETRICS 2 HOURS	05-03-2019	06-21-2019
HAF	C	ADVANCED GUITAR 16 HOURS	04-15-2019	06-04-2019
HAF	C	BASIC GUITAR 16 HOURS	02-11-2019	04-02-2019
HAF	C	STEP AEROBICS 2 HOURS	02-05-2019	03-28-2019
HAF	C	ANATOMY CLASS 8 HOURS	02-06-2019	03-27-2019
HAF	C	CARDIO CIRCUIT TRAINING 2 HRS	02-05-2019	03-26-2019
HAF	C	ACE: CONSTRUCTION MATH	11-19-2018	01-28-2019
HAF	W	NCCER: CORE CLASS 730-1030 T-F	03-20-2018	03-07-2019
HAF	C	FCI INTRO TO DRUMS	10-01-2018	12-02-2018
HAF	C	CARD MAKING 8 HOURS	10-15-2018	11-14-2018
HAF	C	FCI SPIN BIKE CLASS 2 HOURS	05-22-2018	07-12-2018
HAF	C	CARDIO CIRCUIT TRAINING 2 HRS	05-21-2018	07-10-2018
HAF	C	ACE: BASIC MATH	05-03-2018	06-07-2018
HAF	C	ACE: INTRO TO ALGEBRA	02-18-2018	04-08-2018
HAF	C	GRAPHICS ARTS VOC. EXPLORATORY	02-08-2016	05-20-2016
HAF	C	FCI GED 3 0800 (SPANISH)	08-05-2015	08-20-2015

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts
--------------	-----------------

** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS **

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	06-10-2014
CARE2	STABLE, CHRONIC CARE	12-17-2014

Current Medical Duty Status/Assignments

Assignment	Description	Start
C19-RCVRD	COVID-19 RECOVERED	01-24-2022



Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 01802532

Dept. of Justice / Federal Bureau of Prisons

Team Date: 05-20-2022

Plan is for inmate: TREVINO-MORALES, JOSE 27585-064

No.

Management decision - Not within 17-19 months of release..

Consideration has been given for Five Factor Review (Second Chance Act):

- Facility Resources : RRC is available in release area
- Offense : Offenses are eligible for RRC Placement
- Prisoner : Inmate plans to reside in Texas
- Court Statement : No statement on J&C regarding RRC Placement
- Sentencing Commission : There is no pertinent policy by the sentencing commission

3 of 3

Inmate Trevnio-Morales will be reviewed for RRC Placement when he is within 17-19 months of his projected release date.

Comments

First Step Act Review: FTC Eligible, Minimum Pattern Risk

PREA Review: Denied any current concerns associated with safety, housing, work, and programming assignments. Placement does not jeopardize health and safety and does not present management or security concerns. There is no need for changes in placement, housing, work, or programming assignments. Will review again in six months. No PREA concerns at this time.

FSA Recidivism Risk Assessment (PATTERN 01.03.00)

Register Number: 27585-064, Last Name: TREVINO-MORALES

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Register Number: 27585-064

Inmate Name

Last.....: TREVINO-MORALES

First.....: JOSE

Middle.....:

Suffix.....:

Gender.....: MALE

Risk Level Inmate.....: R-MIN

General Level.....: R-MIN (-11)

Violent Level.....: R-MIN (-5)

Security Level Inmate: MINIMUM

Security Level Faci...: LOW

Responsible Facility.: LAT

Start Incarceration...: 09/05/2013

EXHIBIT E-7

PATTERN Worksheet Summary

Item	- Value	- General Score	- Violent Score
Current Age	55	7	4
Walsh w/Conviction	FALSE	0	0
Violent Offense (PATTERN)	FALSE	0	0
Criminal History Points	0	0	0
History of Escapes	0	0	0
History of Violence	0	0	0
Education Score	HighSchoolDegreeOrGED	-2	-2
Drug Program Status	NoNeed	-6	-3
All Incident Reports (120 Months)	1	1	1
Serious Incident Reports (120 Months)	0	0	0
Time Since Last Incident Report	96	0	0
Time Since Last Serious Incident Report	N/A	0	0
FRP Refuse	FALSE	0	0
Programs Completed	9	-9	-3
Work Programs	2	-2	-2
		Total -11	-5

LATAT * INMATE EDUCATION DATA * 06-16-2022
 PAGE 001 OF 001 * TRANSCRIPT * 14:44:04

REGISTER NO: 27585-064 NAME...: TREVINO-MORALES
 FORMAT.....: TRANSCRIPT RSP OF: LAT-LA TUNA FCI

FUNC: PRT

EXHIBIT 6-5

----- EDUCATION INFORMATION -----
 FACL ASSIGNMENT DESCRIPTION START DATE/TIME STOP DATE/TIME
 LAT ESL HAS ENGLISH PROFICIENT 11-12-2013 1057 CURRENT
 LAT GED EARNED GED EARNED IN BOP 08-20-2015 1430 CURRENT

----- EDUCATION COURSES -----
 SUB-FACL DESCRIPTION START DATE STOP DATE EVNT AC LV HRS
 LAT FCI - CERAMICS 04-20-2022 CURRENT
 LAT FCI/ACE MULTICULTURAL RDG I 05-12-2022 05-23-2022 P C P 8
 LAT FCI - WALK/RUN WORKOUT CLASS 02-27-2022 04-10-2022 P C P 10
 LAT FCI/ACE THE CIVIL WAR 03-02-2022 03-21-2022 P C P 8
 LAT FCI/ACE MARINE ANIMALS 11-16-2021 11-29-2021 P C P 8
 LAT S-ACT WORK KEYS 09-07-2021 11-03-2021 P C P 30
 LAT FCI/ACE SPORTS HISTORY & MORE 09-28-2021 10-13-2021 P C P 8
 LAT FCI/ACE U.S. GOVERNMENT 08-03-2021 08-27-2021 P C P 8
 HAF SELF-STUDY ACE:EARLY AMER HIST 04-01-2020 04-07-2020 P C P 3
 HAF INTRO TO PLYOMETRICS 2 HOURS 05-03-2019 06-21-2019 P C P 2
 HAF ADVANCED GUITAR 16 HOURS 04-15-2019 06-04-2019 P C P 16
 HAF BASIC GUITAR 16 HOURS 02-11-2019 04-02-2019 P C P 16
 HAF STEP AEROBICS 2 HOURS 02-05-2019 03-28-2019 P C P 2
 HAF ANATOMY CLASS 8 HOURS 02-06-2019 03-27-2019 P C P 8
 HAF CARDIO CIRCUIT TRAINING 2 HRS 02-05-2019 03-26-2019 P C P 2
 HAF ACE: CONSTRUCTION MATH 11-19-2018 01-28-2019 P C P 20
 HAF NCCER:CORE CLASS 730-1030 T-F 03-20-2018 03-07-2019 P W I 20
 HAF FCI INTRO TO DRUMS 10-01-2018 12-02-2018 P C P 8
 HAF CARD MAKING 8 HOURS 10-15-2018 11-14-2018 P C P 8
 HAF FCI SPIN BIKE CLASS 2 HOURS 05-22-2018 07-12-2018 P C P 2
 HAF CARDIO CIRCUIT TRAINING 2 HRS 05-21-2018 07-10-2018 P C P 2
 HAF ACE: BASIC MATH 05-03-2018 06-07-2018 P C P 12
 HAF ACE: INTRO TO ALGEBRA 02-18-2018 04-08-2018 P C P 12
 HAF GRAPHICS ARTS VOC. EXPLORATORY 02-08-2016 05-20-2016 P C E 98
 HAF FCI GED 3 0800 (SPANISH) 08-05-2015 08-20-2015 P C P 20

----- HIGH TEST SCORES -----
 TEST SUBTEST SCORE TEST DATE TEST FACL FORM STATE
 GED AVERAGE 548.0 08-20-2015 HAF PASS DC
 LIT/ARTS 470.0 08-20-2015 HAF IE SP DC
 MATH 470.0 08-20-2015 HAF IE SP DC
 SCIENCE 630.0 08-20-2015 HAF IE SP DC
 SOC STUDY 580.0 08-20-2015 HAF IE SP DC
 WRITING 590.0 08-20-2015 HAF IE SP DC
 GED PRAC AVERAGE 480.0 08-11-2015 HAF FAIL
 LIT/ARTS 390.0 08-11-2015 HAF PD S
 MATH 460.0 08-11-2015 HAF PD S
 SCIENCE 580.0 08-11-2015 HAF PD S
 SOC STUDY 560.0 08-11-2015 HAF PD S
 WRITING 410.0 08-11-2015 HAF PD S

G0000 TRANSACTION SUCCESSFULLY COMPLETED

LATAT 531.01 *
 PAGE 001 OF 001 *

INMATE HISTORY
 PT OTHER

* 06-16-2022
 * 14:43:42

REG NO...: 27585-064 NAME....: TREVINO-MORALES, JOSE
 CATEGORY: PTO FUNCTION: PRT FORMAT:

EXHIBIT C-6

FCL	ASSIGNMENT DESCRIPTION	START DATE/TIME	STOP DATE/TIME
LAT	AGE BDY W HEALTHY AGING BODY WAIT	02-17-2022 1600	CURRENT
LAT	ANG M WAIT ANGER MANAGEMENT CBT WAIT	02-18-2022 1139	CURRENT
LAT	CR TH WAIT CRIMINAL THINKING WAIT	03-28-2022 1528	CURRENT
LAT	EM SR WAIT EMOTIONAL SELF-REG CBT WAIT	03-28-2022 1535	CURRENT
LAT	K2 AWARE W K2 AWARENESS WAIT	03-30-2021 1013	CURRENT
LAT	MON SM G W MONEY SMART GENERAL POP WAIT	07-14-2021 1409	CURRENT
LAT	MAN DIAB C MANAGING YOUR DIABETES COMP	05-27-2022 0811	05-27-2022 0811
LAT	MAN DIAB C MANAGING YOUR DIABETES COMP	05-27-2022 0808	05-27-2022 0808
LAT	MAN DIAB P MANAGING YOUR DIABETES PART	02-28-2022 0840	05-27-2022 0808
LAT	MAN DIAB W MANAGING YOUR DIABETES WAIT	02-18-2022 1524	02-28-2022 0840
LAT	ARTH FND C ARTHRITIS FOUNDATION WALK COMP	09-30-2021 2100	10-01-2021 1139
LAT	ARTH FND P ARTHRITIS FOUNDATION WALK PART	08-19-2021 1800	09-30-2021 2100
LAT	ARTH FND W ARTHRITIS FOUNDATION WALK WAIT	09-12-2021 1521	10-01-2021 1139

G0000

TRANSACTION SUCCESSFULLY COMPLETED

Bureau of Prisons

SENSITIVE BUT UNCLASSIFIED

Psychology Services

RDAP - Administrative Note

EXHIBIT C-7

Inmate Name:	TREVINO-MORALES, JOSE	Reg #:	27585-064
Date of Birth:	10/23/1966	Sex:	M
		Facility:	LAT
Date:	11/15/2021 12:45	Unit Team:	3
		Provider:	Egan, Abbe PhD/JD

Comments

Mr. TREVINO-MORALES was scheduled for his RDAP diagnostic interview today. Prior to the start of the interview Mr. TREVINO-MORALES indicated that he was not interested in participating in RDAP at this time. He has indicated that he would like to transfer to SEA to be closer to his children and he will reapply for RDAP when he gets closer to his release date.

His drug treatment options were reviewed and he signed the Refusal to Participate in RDAP Interview form. Relevant SENTRY codes were updated. Mr. TREVINO-MORALES understands that he will need to submit a cop-out to Psychology staff when he wants to be request an RDAP interview.

Completed by Egan, Abbe PhD/JD on 11/15/2021 12:52

**Bureau of Prisons
Psychology Services****RDAP - Administrative Note***EXHIBIT C-8*

Inmate Name:	TREVINO-MORALES, JOSE	Sex:	M	Facility:	LAT	Reg #:	27585-064
Date of Birth:	10/23/1966	Provider:	Egan, Abbe PhD/JD			Unit Team:	3
Date:	10/28/2021 15:55						

Comments

A review of BEMR revealed a Clinical Encounter-Administrative Note dated May 22, 2019, in which Mr. TREVINO-MORALES was referred to an ENT because of "chronic progressively worsening nasal congestion." The author attributes Mr. TREVINO-MORALES' nasal congestion to facial trauma, a deviated septum, and powdered cocaine use.

Program Statement 5330.11 states that if the inmate has physical proof of substance use that may be examined by medical staff to prove an addiction, e.g., track marks, abscesses, etc., it may be sufficient to warrant being interviewed for RDAP. The information contained in this May22, 2019, BEMR note seems to meet this threshold. Mr. TREVINO-MORALES will be placed on the list of inmates to be interviewed for RDAP.

Completed by Egan, Abbe PhD/JD on 10/28/2021 16:03

LATAT 606.00 * MALE CUSTODY CLASSIFICATION FORM * 08-12-2022
 PAGE 001 OF 001 13:42:51

(A) IDENTIFYING DATA

REG NO.: 27585-064 FORM DATE: 08-11-2022 ORG: LAT
 NAME: TREVINO-MORALES, JOSE

MGTV: NONE

MVED:

PUB SFTY: NONE

EXHIBIT C-9
1 of 2

(B) BASE SCORING

DETAINER: (0) NONE SEVERITY: (3) MODERATE
 MOS REL.: 83 CRIM HIST SCORE: (00) 0 POINTS
 ESCAPES.: (0) NONE VIOLENCE: (0) NONE
 VOL SURR: (0) N/A AGE CATEGORY: (0) 55 AND OVER
 EDUC LEV: (0) VERFD HS DEGREE/GED DRUG/ALC ABUSE.: (0) NEVER/>5 YEARS

(C) CUSTODY SCORING

TIME SERVED: (4) 26-75% PROG PARTICIPAT: (2) GOOD
 LIVING SKILLS: (2) GOOD TYPE DISCIP RPT: (5) NONE
 FREQ DISCIP RPT.: (3) NONE FAMILY/COMMUN.: (4) GOOD

--- LEVEL AND CUSTODY SUMMARY ---

BASE CUST	VARIANCE	SEC TOTAL	SCORED LEV	MGMT	SEC LEVEL	CUSTODY	CONSIDER
+3	+20	-4	0	MINIMUM	N/A	OUT	DECREASE

G5149 INMATE/DESIG FACL LEVEL MISMATCHED, HAVE DSCC ADD A MGTV
 G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

TRULINCS 27585064 - TREVINO-MORALES, JOSE - Unit: LAT-F-A

C-9

2 of 2

FROM: Units 1, 2 & 3
TO: 27585064
SUBJECT: RE:***Inmate to Staff Message***
DATE: 08/13/2022 07:02:02 AM

Your Male Custody Classification Form was updated and you score as a MINIMUM security level inmate with OUT custody.
Your camp referral was routed on 08-11-2022 and is pending the Warden's approval.

K. Diaw, Case Manager

From: ~^! TREVINO-MORALES, ~^!JOSE <27585064@inmatemessage.com>
Sent: Saturday, August 13, 2022 1:32 AM
To: LAT-InmateToUnitsABC (BOP) >
Subject: ***Request to Staff*** TREVINO-MORALES, JOSE, Reg# 27585064, LAT-F-A

To: Unit 3 Case Manager Diaw
Inmate Work Assignment: Unicor Q.A.

Mr.Diaw:

I have been having only 1 custody point for the past several years and have been placed on Management Variables, My last Management Variable expired on August 11 2022, and I was told my custody points were to be re-evaluated and there was a possibility of a transfer to a Camp.

I'm in the process to submit a brief to the United States District Court for the western District of Texas asking for Compasionated Release, can You please tell me my current stataus and can You please tell me on Your experience as case manager if I am a candidate for a transfer to a Camp, also I would like to know my new custoy level and points.

That information I need to submit to the Court.

Thank You Mr. Diaw.

Management Variables, My
last Management Variable expired on August 11 2022, and I was told my custody points were to be re-evaluated and there was a possibility of a transfer to a Camp.

I'm in the process to submit a brief to the United States District Court for the western District of Texas asking for Compasionated Release, can You please tell me my current stataus and can You please tell me on Your experience as case manager if I am a candidate for a transfer to a Camp, also I would like to know my new custoy level and points.

That information I need to submit to the Court.
Thank You Mr. Diaw.

C-10

10 of 13

General Warranty Deed

1505979

Date: August 20, 2001

08/24/01
Deed

2814552

\$13.00

Grantor: MARIA ARCELIA MORALES, a single woman, owning, occupying,
and claiming other property as homestead

Grantor's Mailing Address:

MARIA ARCELIA MORALES
MACARIO ZAMORA # 1010
COLONIA MILITAR
NUEVO LAREDO TAMAULIPAS, MEXICO
[*None*] County

Grantee: JOSE MORALES TREVINO and ZULEMA TREVINO, husband and wife

Grantee's Mailing Address:

JOSE MORALES TREVINO and ZULEMA TREVINO
12909 TIMOTHY LANE
BALCH SPRINGS, TEXAS 75180
Dallas County

Consideration:

TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable
consideration.

Property (including any improvements):

BEING LOT 18, BLOCK B OF H.W. MITCHELL'S SUBDIVISION OF
PART OF ROSE GARDENS ADDITION, AN ADDITION TO THE CITY OF
BALCH SPRINGS, DALLAS COUNTY, TEXAS, ACCORDING TO THE
PLAT THEREOF RECORDED IN VOLUME 33, PAGE 45, MAP
RECORDS, DALLAS COUNTY, TEXAS

Reservations from Conveyance:

None

M. a. M.

1

200166 01343

C-10
2 of 13**Exceptions to Conveyance and Warranty:**

Liens described as part of the Consideration and any other liens described in this deed as being either assumed or subject to which title is taken; validly existing easements, rights-of-way, and prescriptive rights, whether of record or not; all presently recorded and validly existing instruments, other than conveyances of the surface fee estate, that affect the Property; and taxes for 2001, which Grantee assumes and agrees to pay, and subsequent assessments for that and prior years due to change in land usage, ownership, or both, the payment of which Grantee assumes.

Grantor, for the Consideration and subject to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty, grants, sells, and conveys to Grantee the Property, together with all and singular the rights and appurtenances thereto in any way belonging, to have and to hold it to Grantee and Grantee's heirs, successors, and assigns forever. Grantor binds Grantor and Grantor's heirs and successors to warrant and forever defend all and singular the Property to Grantee and Grantee's heirs, successors, and assigns against every person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the Reservations from Conveyance and the Exceptions to Conveyance and Warranty.

As a material part of the Consideration for this deed, Grantor and Grantee agree that Grantee is taking the Property "AS IS" with any and all latent and patent defects and that there is no warranty by Grantor that the Property has a particular financial value or is fit for a particular purpose. Grantee acknowledges and stipulates that Grantee is not relying on any representation, statement, or other assertion with respect to the Property condition but is relying on Grantee's examination of the Property. Grantee takes the Property with the express understanding and stipulation that there are no express or implied warranties except for limited warranties of title set forth in this deed.

When the context requires, singular nouns and pronouns include the plural.


Maria Arcelia Morales
MARIA ARCELIA MORALES

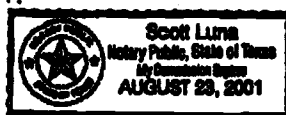
C-10
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STATE OF TEXAS)

COUNTY OF DALLAS)

This instrument was acknowledged before me on 8-20,
2001, by MARIA ARCELIA MORALES.


Notary Public, State of Texas



PREPARED IN THE OFFICE OF:

Luna and Luna, l.l.p.
1750 Northwest Highway, Ste. 240
Garland, TX 75041
Tel: (972) 613-4900
Fax: (972) 613-4988

AFTER RECORDING RETURN TO:

Luna and Luna, l.l.p.
1505 ~~1750 Northwest Highway, Ste. 240~~
Garland, TX 75041
Tel: (972) 613-4900
Fax: (972) 613-4988

M. A. M.

3

2001166 01345

C-10

94610 9911002

4 of 13

FILED

2001 AUG 23 PM 2:37

COUNTY CLERK
DALLAS COUNTY

Any provision herein which violates the civil, racial, or sex of the
described real property because of color or race is hereby void.
COUNTY OF DALLAS
STATE OF TEXAS
I hereby certify this instrument was filed on the date and time
indicated herein by me and was duly recorded in the volume and
page of the public records of Dallas County, Texas as indicated
herein by me.

AUG 24 2001



Ed Bullard
COUNTY CLERK, Dallas County, Texas

C-10
5, 8 13

To Whom it may Concern,

08-01-22

My name is Oscar Omar Trevino. I am the son of Jose Trevino Morales. When my dad got locked up in my childhood it had a rippling effect on all of my family mentally. A lot of us lost a sense of solid direction. With only one elder in the home to nurture us. This left most of us with some mental trauma & issues. We had to endure a lot. In saying all this I hope & pray you can find it in your heart to grant my father leniency. If my father were to return it'd help us tremendously. I also give you my word to help him adjust to society & to look out for him to the best of my abilities. Me & my brother will also provide him a home at 12909 Timothy Ln, Balch Springs TX 75180. I know he also has a job lined up so he won't be a liability to anyone. He's a good man. I hope you see this.

- Sincerely Oscar Omar Trevino

My father being incarcerated has affected me in a million ways. I remember being 13/14 and being made fun of because I didn't have my father around. That resulted in me not wanting to be in school. Thankfully I pushed through and did finish. I remember waking up every morning and looking for my "good morning mija, you ready for your day?", not being able to wake up to that took a toll on me. Fast forward some years, I had my oldest child. Not having him around for that shattered my heart completely. Him not being around to see his grandchildren grow breaks my heart and theirs. The father of my children was abusive. It hurt me not being able to call my dad for help. I needed my best friend then and I need him more than ever now. I miss my best friend more than ever. Releasing him would improve my relationship with him and my kids as well. That man is the most hard working honest man I know. He didn't deserve

what happened to him. I beg for
you to look deep within your heart
and give him the chance, a second
change at everything. He deserves
it more than ever. I need my
best friend with me.

Sincerely,
His daughter Rebecca Trevino

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8 of 13

To whom it may concern,

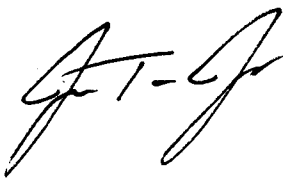
I am writing this with the hopes it helps my father gain his freedom again, I was a young man when the events happened to put my father in his current situation. Since then, it has put a toll on my family and what little structure is left. Having him not present has removed the family bond there was thus breaking what we had there is little left of anything you could call a family; He was the rock holding us together I really wish we could have him back to try and repair and move forward with what we can and collect whatever pieces might still be there.

I just want to have him back; it has been tough to not have him here as a father figure for me having to step up and take care of my family and to try and fill his shoes has been tough seeing my brother grow up without him to be there to lead him and be there for him for his high school days his prom experiences one could never get back again. I just want to get him back while he is still around to cherish the years we have left. If you could find it in your heart to please consider to let him come home it would mean the world to us as he has had health issues while incarcerated, we just want him to be allowed to come home to just be here with us for my brother's sake I had to grow up quick I would just like to have him home to allow my brother to get back some of the time and missed experience with my father. We are also prepared to help him with his living arrangements at our current home at 12909 Timothy Ln as well as helping him with his medical conditions considering he has had a triple bypass we are willing to help him if he is allowed to come home.

I hope you take this letter into consideration to allow his release

Sincerely,

Jose Trevino Jr

A handwritten signature in black ink, appearing to read 'JT-Jr', with a stylized, cursive-like flourish.



SKINNER MASONRY, LLP

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9 of 13

LETTER OF INTENT TO HIRE

August 5, 2022

COPY

To Whom it may Concern,

This letter represents confirmation of the intent to employ, Jose Trevino, made by Hiring Manager Rick Hunter, of Skinner Masonry with mailing address of 3905 Forney RD, City of Mesquite, State of Texas, as a Mason, and to confirm the broad terms below.

Jose Trevino work shall be considered: ☐ - Part Time ☒ - Full Time.

Jose Trevino's pay shall be \$ 26.00 ☒ - Per Hour ☐ - Salary.

Payment shall be made every ☒ - Week ☐ - Bi-Weekly ☐ - Monthly ☐ - Quarterly ☐ - Yearly basis.

It is the intention of Skinner Masonry to have Jose Trevino begin employment upon release.

The responsibilities of the Mason shall be to: Position construction forms or molds, inspect completed work to ensure proper installation, finish concrete surfaces, spread concrete or other aggregate mixtures, clean surfaces in preparation for work activities, pour materials into or on designated areas, signal equipment operators to indicate proper equipment positioning, apply sealants or other protective coatings, compact materials to create level bases, smooth surfaces with abrasive materials or tools, break up rock, asphalt, or concrete, drill holes in construction materials, position structural components, apply decorative masonry finishes, cut metal components for installation, prepare surfaces for finishing, apply material to fill gaps in surfaces, install masonry materials, etc.

It is understood between the parties that Jose Trevino may be terminated within the first 90 days of employment. Skinner Masonry, in its absolute discretion, may terminate Jose's employment, for any reason without notice or cause.

This letter shall be considered (check one) ☒ - Non-Binding ☐ - *Binding.

Skinner Masonry

Principal's Signature

Date

8/5/22

Printed Name

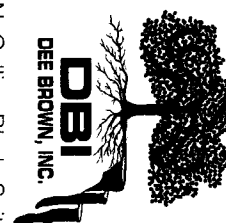
Monte Skinner



3905 Forney Road ■ Mesquite, Texas 75149 ■ (972) 289-3178 ■ FAX (972) 289-3180



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10 of 13



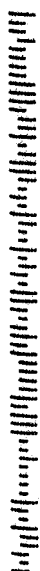
1600 N. Collins Blvd., Suite 3100
Richardson, Texas 75080



NORTH TEXAS TX 750
2 AUG 2022 PM 10 L

José Trevino #27585-064
Federal Correctional Institution - La Tana
P.O. Box 3000
Anthony N.M. 88021

88021-989700





C-10
11 of 13

STONE | MASONRY

August 1, 2022

To: Department of Corrections Review Board

Re: Jose Trevino

Dee Brown, Inc. did employ Mr. Trevino from August 13, 2007 until January 27, 2009.

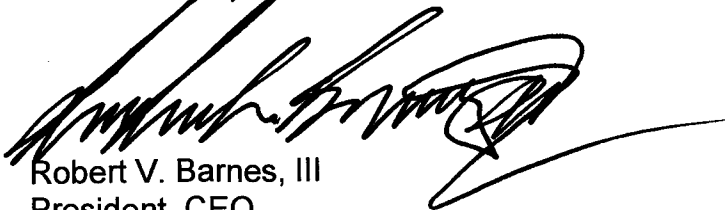
He worked as a skilled labor and brickmason and performed duties directly for one of our key superintendents, Mr. Cliff Killgo, who worked for our company in excess of 40 years. Mr. Killgo placed his faith in Mr. Trevino to do such tasks as doing wall layout, setting center lines and control lines throughout the buildings on several Southern Methodist University projects.

Mr. Trevino did not display any compliance or disciplinary issues for us as an employee and is eligible for re-hire. We would be happy to have him back and would be able to directly put him to work as we are in need of competent personnel.

I remember Mr. Trevino as I had run operations for our company until January of 2008 when I took over as president. If he is able to obtain early release, we hope that he will come in fill out an application and we would rehire him effective immediately.

Best regards,

DEE BROWN, INC.



Robert V. Barnes, III
President, CEO

RVB/Ida



CERTIFICATE OF APPRECIATION

IN HONOR OF YOUR PERFORMANCE AND DEDICATION

WE GLADLY PRESENT THIS TO

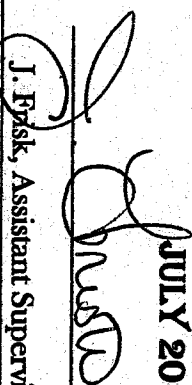
Jose Trevino-Morales

FOR YOUR PERFORMANCE AND EXCELLENCE AS

TUTOR

FCI HAZELTON, WEST VIRGINIA

JULY 2016


J. Frisk, Assistant Supervisor of Education

CERTIFICATE OF ACHIEVEMENT

THIS CERTIFICATE IS PROUDLY PRESENTED TO


Jose Trevino-Morales

FOR SUCCESSFULLY COMPLETING THE SKILLS & REQUIREMENTS IN

GENERAL EDUCATION DEVELOPMENT

FCI HAZELTON, WEST VIRGINIA

JULY 2016


J. Frisk, Assistant Supervisor of Education

Office of the Pardon Attorney
950 Pennsylvania Avenue
RFK Main Justice Building
Washington, D.C. 20530

EXHIBIT C-11

PETITION FOR

1 of 9

COMMUTATION OF SENTENCE

The submission of any Material, false information, is punishable by upto five Years imprisonment and a fine of more than \$250,000 18 U.S.C sections 1001 and 3571.

Relief Sought: Reduction of Prison Sentence Only

To the President of the United States:

The undersigned petitioner, a Federal prisoner prays for Commutation of Sentence and in support thereof states ~~as~~ as follows:

1. Full Name: Jose Treviño Morales
Reg. No. 27585-064, Social Security No. 467-97-2880
Confined in the Federal Institution at
F.C.I. - Hazelton, Bruce ton Mills. W.V.

Date and Place of Birth: October 23, 1966
Nuevo Laredo, Tamaulipas, México

Are You a United States Citizen?

Yes, by Naturalization.

Have You ever applied for commutation before?

No.

OFFENSES FOR WHICH
COMMUTATION IS SOUGHT

2. I was convicted on a plea of Not guilty in The United States District Court for the Western District of Texas of the crime of:

Conspiracy to Launder Monetary Instruments
in Violation of 18 U.S.C. section 1956(h)

I was sentenced on September 5, 2013 to imprisonment for 240 months, to pay a fine of \$25,006⁰⁰ to \$50,138,551⁰⁰, restitution of \$-0- NOT APPLICABLE, and to supervised release and/or to probation for one to three Years supervised release. I was 45 Years of age when the offence was committed.

3. I began service of the sentence of imprisonment on June 12, 2012, and I am projected to be released from confinement on the 26 day of November, 2019

Petitioner is not eligible for parole.

Petitioner has not paid in full any fine or restitution imposed on Him and the remaining balance is:

■ Fine waived or below the guidelines range because of inability to pay.

4. Petitioner did appeal his conviction or sentence to the United States Court of appeals.

Petitioner's appeal is concluded.
Conviction and sentence affirmed on July, 7, 2015.

Petitioner Sought review by the Supreme Court.

Petitioner's appeal to the supreme court is Concluded.

Petition was denied on November 16 2015

Petitioner has filed a challenge to his conviction or sentence under 28 U.S.C. section 2255.

Petitioner's challenge is Concluded.

Denied by District Court on April 26, 2017.

Motion for Certificate of appealability
denied on May 18, 2019

Motion for reconsideration denied.

5. Please provide a complete and detailed account of the offense for which You seek, including the extent of Your involvement:

I had lived my life with honor and integrity. I worked long hours for my family. I earned a great deal of respect in my community.

I followed all of the rules and proudly became a Naturalized Citizen of this great and beautiful Country. It did not matter to me that numerous others did not understand why I was insistent on doing things for my right to live in this Country the correct way. I followed the rules.

Some people came to me whom I respected. These individuals told me that it was very difficult to find someone to work with them whom they could trust. But, I was such a man. I was

I was ecstatic because I thought my years of following all of the rules had paid off. Further, and along the same lines, I thought it was my opportunity to get my part of the American dream for my family and for me.

I agreed to start working with these business men.

They relied on me to handle their horses and I made numerous necessary financial transactions. I believed everything was okay. I was most surprised when I was being investigated for money laundering.

Accordingly, I pled Not guilty and went to trial. Unfortunately, I was found guilty. I appealed all the way to the Supreme Court who denied my petition for certiorari.

6. Aside from the foregoing offence for which commutation is sought, the petitioner has never been arrested or taken into custody by any law enforcement authority, or convicted in any court, either as a Juvenile or an adult or other incident.

7. State your reasons for seeking commutation of sentence:

I am 53 Years of age and I have been incarcerated for nearly 8 Years of a 20-Year sentence.

I respectfully suggest, absent your granting of this petition, that in all probability I will die in prison.

The basis of that statement is the severe scarring of my lungs from many Years of untreated tuberculosis with resultant breathing problems.

Moreover, I had a triple bypass Surgery on January 9, 2012. I am on Nitroglycerin, and I'm scheduled for my breathing problems.

The offence for which I am incarcerated is Money Laundering. In Point of fact, it is my first and only offense, I am a peaceful man and the offense was completely Non-Violent in nature - 6 -

I have been a model inmate since I have been incarcerated. I am housed in the Federal Correctional Institution - Hazelton in the "Honor Dorm". I have not received a single incident report in spite of my having been in isolation from June 12, 2012 until December 17, 2014, I contract tuberculosis while in isolation.

I have been proactive since my incarceration in improving my self. I earned my G.E.D. and I have consistently programmed. Subsequent to my ~~at~~ receiving my G.E.D., I worked as a Tutor assisting other inmates in E.S.L. (English as a Second Language) and G.E.D. Classes. I then went to work in the Kitchen becoming the P.M. Cook working there for approximately 2 Years.

This institution is presently, because of the COVID-19 National Emergency, on a highly-restrictive lockdown. However as ~~apart~~ a proud United States Citizen, I understand the need for the lockdown,

Nonetheless, because of my age and particularly because of my underlying ~~problems~~, ~~my~~ Health problems ~~I have~~ I live each hour of each day terrified

to Contract the deadly COVID-19 respiratory virus, I do not believe I would survive it should I contract it which seems highly likely in this environment in which, among other things, it is impossible to maintain social distancing.

The court was told by my former employer that it would rehire me, upon my release, as a mason supervisor. Moreover, the alternative I have is to use my Substantial Cooking experience to obtain work as a cook's helper. Again, upon my release, I will live with family at 12909 Timothy Lane, Balch Springs, Texas 75180. I will pay for my own medications and medical care from my work.

I humbly ask for a second chance on life for the time I have left.

My primary motivation, at this time in my life, is the thought of spending quality and quantity time with the ones I love most. I make this request as much for my family as for myself as this has been hard on them -8-

My Precious mother is 81 Years old and has had Kidney failure and is on dialysis (Terminal stage). Sadly, I have beautiful grand children whom I do not know.

In Closing, I respectfully request that You review this petition and are moved to grant it.

Certification and Personal oath

I hereby certify that answers to the above questions and all statements contained herein are true and correct to the best of my knowledge, information and belief. I understand that any intentional misstatements of material facts contained in this application form may cause adverse action on my petition for executive clemency and may subject me to criminal prosecution.

Respectfully Submitted this _____
day of _____, 2020



EXHIBIT C-12

1 of 7

April 13, 2020

Office of the Pardon Attorney
950 Pennsylvania Avenue
RFK Main Justice Building
Washington, DC 20530

Re: Supplement to Pardon Application
JOSE Treviño Morales
INmate # 27585-064

Dear Acting Pardon Attorney:

I have recently become aware that almost 50 representatives have directed a joint letter to the acting pardon attorney regarding giving special consideration in the pardon process to the fact that an individual defendant went to trial rather than entering a plea.

Specifically, that said special consideration should be given because of the "trial penalty" that often occurs when an individual defendant is sentenced after going to trial. I went to trial. Please, accordingly, consider this important

over

C-12
2 of 7

factor when reviewing my application.
Please file this as a Supplement
to my application.

Respectfully submitted,

JOSE TREVIÑO

JOSE Treviño morales
INmate # 27585-064
Federal Correctional Institution -
Hazelton
P.O. BOX 5000
Bruceton Mills, WV
26525

case # C 290 737

EXHIBIT C-12

3 of 7

July 17, 2020

Rosalind Sargent-Burns
Acting Pardon Attorney
950 Pennsylvania Avenue
RFK Main Justice Building
Washington, DC 20530

Re: Supplement to Petition for Commutation

Dear Acting Pardon Attorney:

I, Jose Trevino-Morales ("Petitioner"),
inmate number 27585-064, hereby
respectfully supplements to my
currently pending petition for
commutation with the following:

1. Attorney General William Barr
issued a memorandum on April 30,
2020 regarding the effect of COVID-
19 on the Bureau of Prisons ("BOP").
To-wit: "The COVID-19 emergency con-
ditions are materially affecting the
functioning of the BOP...." Id.

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2. Attorney General Barr's memorandum has proven accurate. Petitioner has just come off a 14-day COVID-19 quarantine. Fortunately, the Petitioner was blessed that he did not contract COVID-19 "that time." However, the Petitioner because of his age, underlying health problems, and his being Hispanic¹ must live each day in an environment in which the Centers for Disease Control ("CDC") recommended "social distance" cannot be followed. ^{Petitioner} The quarantine ~~is~~ just

¹ Arline Geronimus, a professor of health behavior and health education at the University of Michigan, uses the term "weathering" to describe the way chronic stressors—which can include interpersonal microaggressions and institutionalized racism—erode bodies. These erosions can lead to chronic conditions among people of color which Smedley said, make them more vulnerable to COVID-19. Id. (Article available upon request).

finished only heightened ^{Petitioner's} ~~my~~ fears as it "brought home" the reality of COVID-19 to the Petitioner. No person should have to live under such a fear. See also Correctional Health Care, Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates, U.S. Department of Justice, National Institute of Corrections, 2004 Edition, pp. 9 and 10 ("Need for special physical accommodations in a relatively inflexible physical environment").

3. Chris Beyrer, MD, MPH is a professor of epidemiology at the highly-prestigious Johns Hopkins Bloomberg School of ~~Public~~ ^{Public} Health in Baltimore, Maryland. Dr. Beyrer, in a sworn declaration² ~~he~~ declared just this year, opined that because

² Dr. Beyrer's declaration is available upon request. It comprises four pages. Petitioner only has one copy and no access to a copy machine.

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of the nature of the prison environment it will be "extremely difficult" to reduce exposure to COVID-19. Id. Dr. Beyrer further opined that older inmates and those with chronic conditions predisposing them to Severe COVID-19 disease (e.g. heart disease, lung disease, diabetes, and immune-compromise) should be released. Id. Petitioner is older and has such chronic conditions. See also Timothy Williams, et al., 'Jails Are Petri Dishes': Inmates Freed as the Virus Spreads Behind Bars, NY Times (Mar. 31, 2020), <https://www.nytimes.com/2020/03/30/us/coronavirus-prisons-jails.html> (quoting NYC Chief Federal Defender David Patton).

In conclusion, the Petitioner respectfully highlights the words of the United States Supreme Court, "[A] remedy for unsafe conditions need not await a

tragic event." Helling v. McKinney,
509 U.S. 25, 33 (1993). The Petitioner
lives his life hour-by-hour
awaiting the ~~threat~~ of contract-
ing COVID-19. The Petitioner does
reasonably believe that his
circumstances described above should
be factored in heavily with the
granting of his pending petition.

I hereby certify, pursuant to
28 U.S.C. Section 1746, that
the foregoing is true and correct.

This the _____ day of July, 2020.
Most Sincerely,

JOSE TREVIÑO

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